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09/10/15--01014--014 *

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W15-62361

WMD

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Strategic Safety Compliance, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Foster S. Thorpe

Name (Printed or typed)

3616 Jim Kim Lane

Address

Lakeland, Florida 33812

City, State & Zip

863.701.7067

Daytime Telephone number

fstchip@msn.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2015

FOSTER S. THORPE
3616 JIM KIM LANE
LAKELAND, FL 33812

SUBJECT: STRATEGIC SAFETY COMPLIANCE
Ref. Number: W15000062361

We have received your document for STRATEGIC SAFETY COMPLIANCE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 315A00019848

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Strategic Safety Compliance, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3616 Jim Kim Lane, Lakeland, FL 33812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Safety consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Foster S. Thorpe

Address 3616 Jim Kim Lane
Lakeland, FL 33812

Name and Title: Foster S. Thorpe, President

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Foster S. Thorpe

Address: 3616 Jim Kim Lane

Lakeland, FL 3381

15 OCT -2 AM 10:23
RECEIVED
CLERK OF COURT

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Foster S. Thorpe

Address: 3616 Jim Kim Lane

Lakeland, FL 33812

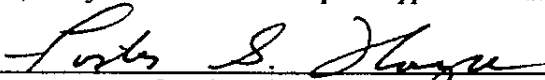
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9-3-2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

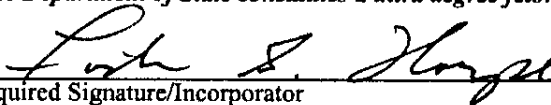


Required Signature/Registered Agent

9-3-2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

9-3-2015

Date