

P/6000002689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

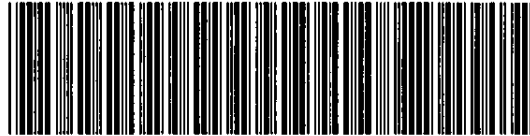
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300280114163

01/04/16--01028--014 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN -4 PM 2:32

01/13/16

## COVER LETTER

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

SUBJECT: Bowers Acquisition Services, 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: Craig Bowers  
Name (Printed or typed)

2424 Saddlewood Lane  
Address

Palm Harbor, FL 34685  
City, State & Zip

727-455-4076  
Daytime Telephone number

cbowersconsults@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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:

Bowers Acquisition Services  
Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Craig Bowers  
2424 Saddlewood Lane  
Palm Harbor, FL 34685

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

teaching and instruction

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 14 PM 2:32

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Craig Bowers President

Name and Title:

Address

2424 Saddlewood Lane

Address:

Palm Harbor, FL 34685

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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:

Craig Bowers

Address:

2424 Saddlewood Lane  
Palm Harbor, FL 34685

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Craig Bowers

Address:

2424 Saddlewood Lane  
Palm Harbor, FL 34685

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

CWR

Required Signature/Registered Agent

30 Dec 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.

CWR

Required Signature/Incorporator

30 Dec 2015

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN -4 PM 2:32