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T. SCOTT



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 17 AM 11:30

COVER LETTER

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

SUBJECT: First Priority Safety, 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: Ryan J. Hudson
Name (Printed or typed)

444 SE Horizon Gln
Address

Lake City, Florida 32025
City, State & Zip

386-623-3182
Daytime Telephone number

ryan.hudsonfiberglass@yahoo.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: First Priority Safety, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

444 SE Horizon Gln
Lake City, FL 32025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide OSHA training,
write and prepare safety manuals and to provide
job specific training as it relates to OSHA standards
and regulations.

ARTICLE IV SHARES

The number of shares of stock is: ~~None~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryans Hudson, President

Name and Title: _____

Address 444 SE Horizon Gln
Lake City, FL 32025

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 17 AM 11:30

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: Ryan S. Hudson
Address: 444 SE Horizon Gln.
Lake City, FL 32025

ARTICLE VII INCORPORATOR

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

Name: Ryan S. Hudson
Address: 444 SE Horizon Gln
Lake City, FL 32025

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

Ryan Hudson
Required Signature/Registered Agent

3-13-16
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.

Ryan Hudson
Required Signature/Incorporator

3-13-16
Date