

P16000056694

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: Biblical Outreach Security AND Investigation Service 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 ~~X~~ Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

3 cc x cc.

FROM: JESSE B COATS
Name (Printed or typed)

6348 Rest Lawn DR
Address

Jacksonville Florida 32208
City, State & Zip

904-236-7347
Daytime Telephone number

Jesse OKC38 @ GMAIL . com.
E-mail address: (to be used for future annual report notification)

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

I have no intentions ~~to~~ to ReState
DOC. P 12000012429 And I Release the name to
Be used again.

A handwritten signature in black ink, consisting of a stylized, cursive 'J' followed by a horizontal line and a small loop.

7/11/2016

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: Biblical Outreach Security And Investigation Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6348 RestLawn Dr
Jacksonville Florida 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To ~~provide~~ provide security Armed
And Unarmed. And Armed And Unarmed private Inc
To The public

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ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jesse Coats Name and Title: owner / director / manager ^{CEO}

Address: 6348 RestLawn Dr Address: _____
Jacksonville Florida 32208

Name and Title: BREShawn E Coats Name and Title: owner ^{VP}

Address: 6348 RestLawn Dr Address: _____
Jacksonville Florida 32208

Name and Title: _____ Name and Title: _____

Address: _____ 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: JOSSE COATS
Address: 6348 Restlawn Dr
Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSSE COATS
Address: 6348 Restlawn Dr
Jacksonville, Florida 32208

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TALLAHASSEE, FLORIDA

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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

Jesse Coats
Required Signature/Registered Agent

7/11/2016
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.

Jesse Coats
Required Signature/Incorporator

7/11/2016
Date