

P17000008833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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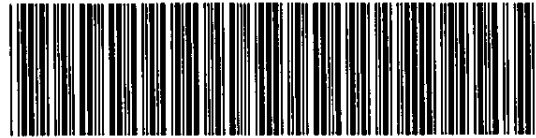
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JAN 25 AM 7:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
JAN 27 2017

COVER LETTER

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

SUBJECT: BAY AREA PROTECTION SERVICES INCORPORATED
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: EMANUEL J. SCOTT
Name (Printed or typed)

1990 MAIN ST SUITE 750
Address

SARASOTA FLORIDA 34236
City, State & Zip

(941) 592-1973
Daytime Telephone number

bayareaprotectionservices@yahoo.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

January 4, 2017

EMANUEL J. SCOTT
1990 MAIN ST. SUITE 750
SARASOTA, FL 34236

SUBJECT: BAY AREA PROTECTION SERVICES INCORPORATED
Ref. Number: W17000000240

We have received your document for BAY AREA PROTECTION SERVICES INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 417A00000075

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: BAY AREA PROTECTION SERVICES INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1990 MAIN STREET

SUITE 750

SARASOTA, FLORIDA 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MEET STATE STANDARDS
AND TO INCORPORATE ALL BUSINESS AND
STAFF INTO ONE ENTITY.

ARTICLE IV SHARES

The number of shares of stock is:

100

EJS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMANUEL J. SCOTT Name and Title: _____
(PRESIDENT)
Address: 1990 MAIN STREET Address: _____
SUITE 750
SARASOTA, FLORIDA 34236

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
2017 JAN 25 AM 7:29
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: 2017 JAN 25 AM 7:29
_____	SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: HOWARD L. KORVEGAY
Address: 6214 BREEDWOOD AVE
SARASOTA, FLORIDA 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EMANUEL J. SCOTT
Address: 1990 MAIN STREET
SUITE 250
SARASOTA, FLORIDA 34236

ARTICLE VIII EFFECTIVE DATE:

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

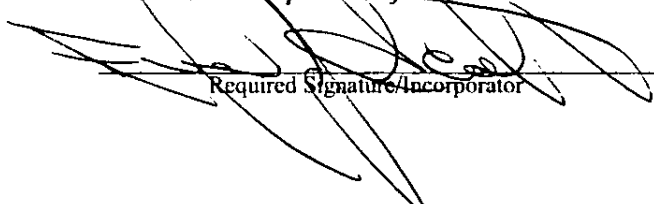
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

<u></u>	<u>1-23-17</u>
Required Signature/Registered Agent	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.

<u></u>	<u>12/19/2016</u>
Required Signature/Incorporator	Date