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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: 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 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: 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: 1990 MAIN STREET, SUITE 750, SARASOTA, FLORIDA 34236. Mailing address, if different is:

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 (PRESIDENT) Name and Title: Address: 1990 MAIN STREET, SUITE 750, SARASOTA, FLORIDA 34236 Address:

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

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

FILED 2017 JAN 25 AM 7:29 SECRETARY OF STATE 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. KORVEBAY  
 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*

*Howard L. Korvebay* \_\_\_\_\_ 1-23-17  
 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.*

*[Signature]* \_\_\_\_\_ 12/19/2016  
 Required Signature/Incorporator Date