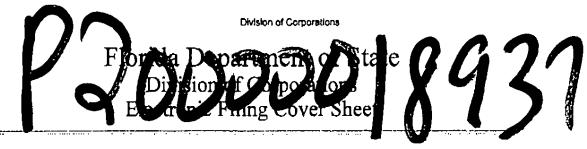
2/12/2020



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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: URS AGENTS LLC

Account Number : I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: **

Email Address: whelmstadt@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION BH Safety Corp.

HAR 0 3 7070

T. SCOTT

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Division of Corporations

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COVER LETTER

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

SUBJECT: BH Safety Con (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 □ \$78.75 \$87.50** Filing Fee Filing Fee Filing Fee Filing Foe, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Willem Helmstadt Name (Printed or typed) 7500 Estero Blvd. Address Ft. Meyers Beach, FL 33931 City, State & Zip 917-743-2350 Daytime Telephone number

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

E-mall address: (to be used for future annual report notification)

whelmstadt@gmail.com

CEI NAMI	E	(((H20000049623 3)))
ne of the corpor	etion shall be: BH Safaty Corp.	
Principal office Principal street address		Malbing address, if different is:
Estero Bivo., A levers Beach, f	ot 102 L 33981	
CLETTI PURP	OSE the composition is accomized in Occupation	onal Safety and Health Consulting Service
		WAR ROLLAND ON LONDING SHILAND
		·
· · · · · · · · · · · · · · · · · · ·		
		Name and Title:
Address	7500 Estero Blvd. Apt 102	
	Fl. Myers Beach, FL 33931	
		<u>-</u>
Name and Title:		Name and Title:
Address		Address:
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Name and Title:	***************************************	Name and Title:
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		(((H2	0000049623 3)))
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Name	and Title:	Name and Title:	
Addre	Address		
			
		-	
The name and	REGISTERED AGENT Florida street sildress (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	URS AGENTS, LLC		
Address:	3458 Lakeshore Drive	 :	
	Tallahassee FL 32312		
ARTICLE VII	INCORPORATOR		
The pame and a	ddress of the incorporator is:		
Name:	William Helmstadt, CSP	-	
Address:	7500 Estero Blvd Apt 102		
	Ft. Myers Beach, FL 33931		
ARTICLE VIII Effective date, if (If an effective of	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cannot	ot be more than five days	L) prior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the applicable iffective date on the Department of State's records	e statutory filing rèquiremen	nts, this date will not be listed as
Having been nak certificate, I am j	ned as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corpora red agent and agree to act li	tion at the place designated in this n this capacity
Tathu	CLOOK Kathy Clark, Assistant Se	cretary	2/12/2020
_	Required Signature/Registered Agent	•	Date
I submit this doc document to the I	rument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the y as provided for in s.817.1:	false information submitted in a 55, F.S.
	Min platel		2/12/2020
Required Signatu	revincorporator		Pate