

2/12/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H200000496233ABC-

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To:

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.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAR 03 2020

T. SCOTT

Send Result Report



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Job No.: 011886

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Page: 005

Complete

Document: doc20200212172233

2/12/2020

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001	02/12/20 17:23	8506176381	0*01'10"	FAX	OK	200x100 Normal/On

Please give original file date
of 2/12/2020.

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COVER LETTER

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

SUBJECT: BH Safety Corp.(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:** William Helmstadt

Name (Printed or typed)

7500 Estero Blvd.

Address

Ft. Meyers Beach, FL 33931

City, State & Zip

917-743-2350

Daytime Telephone number

whelmstadt@gmail.com

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

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

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ARTICLE I NAMEThe name of the corporation shall be: BH Safety Corp.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address7500 Estero Blvd., Apt. 102FL Myara Beach, FL 33931

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Occupational Safety and Health Consulting Service**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: William Holmstedt, CSP, President

Name and Title: _____

Address 7500 Estero Blvd., Apt 102

Address: _____

FL Myara Beach, FL 33931

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 FEB 12 AM 10:45

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: URS AGENTS, LLC
Address: 3458 Lakeshore Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: William Helmstadt, CSP
Address: 7500 Estero Blvd. Apt. 102
Fl. Myers Beach, FL 33931

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

Kathy Clark Kathy Clark, Assistant Secretary
Required Signature/Registered Agent

2/12/2020

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.

William Helmstadt
Required Signature/Incorporator

2/12/2020
Date

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