

P22000032402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

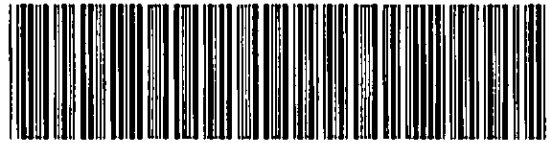
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2021

SHARON WILLIAMS
808 W. NEW HAVEN AVE
MELBOURNE, FL 32901

SUBJECT: BREVARD LOCKSMITH AND BICYCLE SHOP INC.
Ref. Number: W21000097257

We have received your document for BREVARD LOCKSMITH AND BICYCLE SHOP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 221A00027189

CLERK OF THE
COURT
STATE
OF FLORIDA
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: Brevard Locksmith and Bicycle Shop 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 Filing Fee & Certificate of Status

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

FROM: Sharon Ragatz-Williams
Name (Printed or typed)

808 W. New Haven Ave
Address

Melbourne Florida 32901
City, State & Zip

321-725-0755
Daytime Telephone number

Brevardbicycle@bellsouth.net
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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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: Brevard Locksmith and Bicycle Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
808 W. New Haven Ave
Melbourne Florida 32901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Locksmith sales and Service, Bicycle Sales and service repair
Bicycle Accessories and Locksmith

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Robert J. Williams Pres.</u>	Name and Title:	_____
Address	<u>1216 Stadt rd nw</u> <u>Palm Bay, Florida</u>	Address:	_____ _____ _____

Name and Title:	<u>Sharon Ragatz-Williams V.P.</u>	Name and Title:	_____
Address	<u>1216 Stadt rd nw</u> <u>Palm Bay florida 32907</u>	Address:	_____ _____ _____

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

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ALLAHASSI, FLORIDA

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: Angie Gasior
Address: 3797 Long Leaf Drive
Melbourne, Florida 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon Ragatz-Williams
Address: 1216 Stadt Rd NW
Palm Bay, Florida

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 8th 2021 (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

Angie Gasior
Required Signature/Registered Agent

4/29/2022
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]
Required Signature/Incorporator

Date 9/8/2021