

P25000007550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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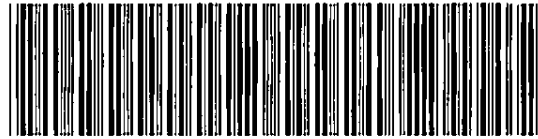
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

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

SUBJECT: GOLDEN BEAR LOCK & SAFE 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 ☐ \$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: BRI'ON MOODY
Name (Printed or typed)

105 GARDEN COVE CT
Address

ORLANDO , FL 32835
City, State & Zip

772-361-3515
Daytime Telephone number

GOLDENBEARLOCK@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

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

2025 FEB 11 11:04:47

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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: GOLDEN BEAR LOCK & SAFE INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>BRI'ON MOODY</u>	<u></u>
<u>105 GARDEN COVE CT</u>	<u></u>
<u>ORLANDO, FL 32835</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE NATURE OF THE BUSINEES IS TO INSTALL
DIGITAL LOCKS AND SAFES.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>BRI'ON MOODY</u> <u>CEO</u>	Name and Title:	<u></u>
Address	<u>105 GARDEN COVE CT</u> <u>ORLANDO, FL 32835</u>	Address:	<u></u>
<u></u>		<u></u>	
<u></u>		<u></u>	
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
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CLERK OF DISTRICT COURT
JACKSONVILLE, 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: BRI'ON MOODY
105 GARDEN COVE CT
Address: ORLANDO, FL 32835

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BRI'ON MOODY
105 GARDEN COVE CT
Address: ORLANDO, FL 32835

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STATE OF FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/11/2025 (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

Brian Moody 2/11/2025
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.

Brian Moody 2/11/2025
Required Signature/Incorporator Date