

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 200<u>99351466</u>2002³ 07.58*****



SUBJECT: BABY GUARD BY CADIEUX INDUSTRIES, INC

OI-OI-OI

Enclosed is an original and 2 copy(ies) of the Articles of Incorporation for the above corporation and a check for:

\$70.00

□ \$78.50

□ \$78.75

\$87.50

Filing Fee

Filing Fee

Status

Filing Fee

Filing Fee, Certified Copy

& Certificate of

& Certified

& Certificate

Copy

Of Status

ADDITIONAL COPY REQUIRED

SIGNED:

From:

SCOTT J CADIEUX 6787 KETONA ROAD

NORTH PORT, FL 34287

(p) 28,

ARTICLES OF INCORPORATION

ODORCE MACHEN STATE The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BABY GUARD BY CADIEUX INDUSTRIES, INC

ARTICLE II PRINCIPAL OFFICE

EFFECTIVE DATE 10-10-16

The principal place of business and mailing address of this corporation shall be:

6787 KETONA ROAD NORTH PORT, FLORIDA 34287

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES, NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and Florida street address of the initial registered agent are:

SCOTT J CADIEUX 6787 KETONA ROAD NORTH PORT, FLORIDA 34287

ARTICLE V INCORPORATORS

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

SCOTT J CADIEUX 6787 KETONA ROAD NORTH PORT, FLORIDA 34287

ARTICLE VI EFFECTIVE DATE

The Effective Date of this corporation is:

JANUARY 1, 2001

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Doto

DO DEC 21 AN 8: 42
SECRETARY OF STATE
ALLAHASSEE, FLORIDA