

P12000098150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

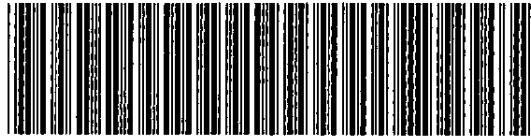
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 30 2012

COVER LETTER

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

SUBJECT: B.P.SIANO 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: BENJAMIN P. SIANO.

Name (Printed or typed)

526 S.W. Colleen Ave.

Address

Port Saint Lucie, Fl.34983

City, State & Zip

(561) 577-7301

Daytime Telephone number

Bjamins72@Afl.net

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

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

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: **B.P. SIANO INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

526 S.W. Colleen Ave.
Port Saint Lucie, Fl. 34983

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

N/A

Web Design

ARTICLE IV SHARES

The number of shares of stock is: **500 hundred shares of 1.00 each.**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin P. Siano (President) Name and Title: _____
Address: 526 SW Colleen Ave. Address: _____
Port Saint Lucie, Fl. 34983 Address: _____

N/A

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
N/A N/A

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
N/A N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Benjamin P. Siano
Address: 526 SW Colleen Ave
Port Saint Lucie Fl. 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benjamin P. Siano
Address: 526 SW Colleen Ave.
Port Saint Lucie, Fl. 34983

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

Benjamin P. Siano
Required Signature Registered Agent

November 15, 2012
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.

Benjamin P. Siano
Required Signature/Incorporator

November 15, 2012
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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