

P17000054132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

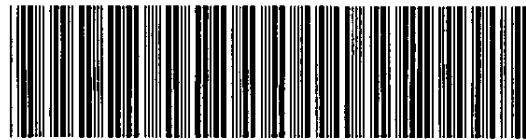
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Bethsabe Bockman-Pedersen, P.A.

(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: Bethsabe Bockman-Pedersen
Name (Printed or typed)

2804 - 45th Street S.
Address

Gulfport, FL 33711
City, State & Zip

727-403-9976
Daytime Telephone number

Bbpr1962@gmail.com
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: Bethsabe Bockman-Pedersen, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address 2804 - 45th Street S. Mailing address, if different is:
Gulfport, FL 33711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate sales

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bethsabe Bockman-Pedersen, Pres. Name and Title: _____

Address 2804 - 45th Street S. Address: _____

Gulfport, FL 33711

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Bethsabe Bockman-Pedersen
 Address: 2804 - 45th Street S.
Gulfport, FL 33711

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Bethsabe Bockman-Pedersen
 Address: 2804 - 45th Street S.
Gulfport, FL 33711

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/17, (OPTIONAL)

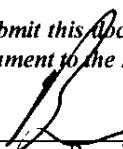
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 6/17/17
 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.

 6/17/17
 Required Signature/Incorporator Date

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: Bethsabe Bockman-Pedersen, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2804 - 45th Street S. Mailing address, if different is: _____
Gulfport, FL 33711 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate sales

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bethsabe Bockman-Pedersen, Pres. Name and Title: _____
Address: 2804 - 45th Street S. Address: _____
Gulfport, FL 33711 _____

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

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

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: Bethsabe Bockman-Pedersen
 Address: 2804 - 45th Street S.
Gulfport, FL 33711

ARTICLE VII INCORPORATOR

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

Name: Bethsabe Bockman-Pedersen
 Address: 2804 - 45th Street S.
Gulfport, FL 33711

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/17. (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.

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 Required Signature/Registered Agent 6/17/17
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.

 Required Signature/Incorporator 6/17/17
Date