

P16000066625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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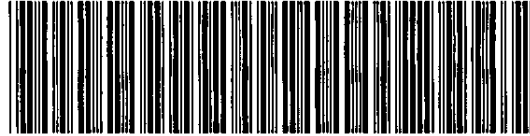
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/16--01006--027 **70.00

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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: B AND S DISTRIBUTION 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: WILLIAM D STEFANISKO

Name (Printed or typed)

23 CARRIAGE COVE WAY

Address

SANFORD, FL 32773

City, State & Zip

407-417-5394

Daytime Telephone number

BILLST1947@YAHOO.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: B AND S DISTRIBUTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
23 CARRIAGE COVE WAY
SANFORD, FL 32773

Mailing address, if different is:
23 CARRIAGE COVE WAY
SANFORD, FL 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTION

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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: WILILAM D STEFANISKO PRESIDENT Name and Title: _____

Address 23 CARRIAGE COVE WAY Address: _____
SANFORD, FL 32773

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: WILLIAM D STEFANISKO
Address: 23 CARRIAGE COVE WAY
SANFORD, FL 32773

ARTICLE VII INCORPORATOR

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

Name: WILLIAM D STEFANISKO
Address: 23 CARRIAGE COVE WAY
SANFORD, FL 32773

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TALLAHASSEE FLORIDA

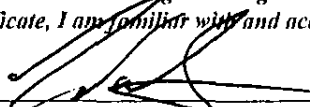
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

X  _____
Required Signature/Registered Agent

08-01-2016

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.

X  _____
Required Signature/Incorporator

08-01-2016

Date