

N16000004801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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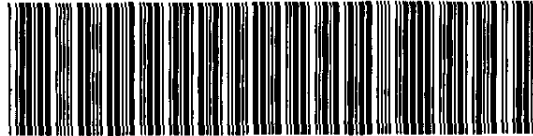
(Business Entity Name)

(Document Number)

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16 MAY -5 PM 2:57
CLERK OF SUPERIOR COURT
JULIA A. HESTER
TALLAHASSEE, FLORIDA

5/12/14

COVER LETTER

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

SUBJECT: BP4K, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Joni Pilgrim

Name (Printed or typed)

250 Pine Ave N Suite A

Address

Oldsmar, FL 34677

City, State & Zip

813-749-8849

Daytime Telephone number

JPilgrim@Nationwide-Appraisal.com

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

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TALLAHASSEE, FL 32314

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I. NAME

The name of the corporation shall be: BP4K, Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:
250 Pine Ave N, Suite A

Oldsmar, FL 34677

Mailing address, if different is:

16 MAY -5 PM 2: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

BP4K, Inc. raises funds, backpacks, and school supplies from the local community to donate to the children in need. We donate to
elected local schools with the highest demand.

ARTICLE IV. MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected at the annual

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joni Pilgrim, Dir. of Sales and Bus. Dev.

Address: 250 Pine Ave N, Suite A
Oldsmar, FL 34677

Name and Title: Cari Burris, Dir. of Operations

Address: 250 Pine Ave N, Suite A
Oldsmar, FL 34677

Name and Title: Jim Cutillo, EVP

Address: 250 Pine Ave N, Suite A
Oldsmar, FL 34677

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Joni Pilgrim
Address: 250 Pine Ave N, Suite A
Oldsmar, FL 34677

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Joni Pilgrim
Address: 250 Pine Ave N, Suite A
Oldsmar, FL 34677

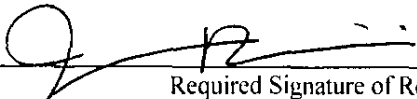
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/27/16 (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


Required Signature of Registered Agent

4/27/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

4/27/16
Date