## 117000005150

(Red	questor's Name)	)		
(Add	lress)	· · · · · ·		
(Add	iress)			
(City	//State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only

616m842n4

MAY 16 2016

T. SCOTT



700293293677

12/15/16--01013--005 \*\*87.50

COLLESTE FI ORIDI

A NO VE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2017

DIANE B. HOWARD 6922 HOULTON CIRCLE LAKE WORTH, FL 33467

SUBJECT: BRIDGEMAN SERVICE HOUSE, INC.

Ref. Number: W16000084204

We have received your document for BRIDGEMAN SERVICE HOUSE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

list registerd agent with florida street address and registered agent must sign.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 216A00026798

New Filings Section

## **COVER LETTER**

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

SUBJECT:	ridgeman Serv groposed corpora	ICE HOUSE _ TENAME - MUST INCL	TAC.
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Paid Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	Diane B. Name 16922 His Lake Work City,	Howard (Printed or typed)  Outhor Ci Address  The Florid State & Zip	rcle a 33469

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

address: (to be used for furthe annual report notification)

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	1 Service	House, INC.	
ARTICLE II PRINCIPAL OFFICE		,	
155 N.E. 19th Terrance OKeeshopee Florida	·	Mailing address, if different of the Month,	circle Florida
3497.	2		33467
Veterans and their families at for them to return to a produ Bridgemm Sorvice House, Inc. will formilies in an environment focusing profits of 1.79 Share	and Serve dani 59te O ective and provide a c an individu	eal services that will	In addition, the veterous and their further enhance their
ARTICLE IV MANNER OF ELECTION The mann	ner in which the dire	octors are elected and appointed: 1	<u> </u>
Name and Title DIONE B. Howard	TORS  Name and Title	Directors are	Appinted
Address 6922 Hay Han Circle Loke Dorth Florida 33467	Address:	by Dione B. H.	Bubrd
Name and Title TOEY Howard dr.	Name and Title	: 1 <sup>ph</sup> Vice President	<del></del>
Address 3723 W. 6th St.  LA. CAI, FORNIA  90000	Address:		
Name and Title TOUNISTO Howard		:2 Na Vice Preside	S AH 8: 46
Address Styl Vagerica Pass.	Address:		FIGRIDA 6
30038	<del></del>		

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. 1	Box NOT acceptable) of the registered agent is:
Name: Diane B.	Howard
Address: 6922 Hoult	on Cir
Lake Worth,	Florida 33467
ARTICLE VII INCORPORATOR	
Name: Dignic, B. Ho	rund
Address: $6922$ Hould	ton Circle
Lake Worth	Florida 33467
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing	: January 7, 2017 (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 document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the cof State's records.
certificate, I am familiar with and accept the	accept service of process for the above stated corporation at the place designated in this appointment as registered agent and agree to act in this capacity  to of Registered Agent  Date
I submit this document and affirm that the fo	acts stated herein are true. I am aware that any false information submitted in a document
	degree felony as provided for in s.817.155, F.S.  Howard  1 26/17
Required Sig	hathre of Incorporator   Date