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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

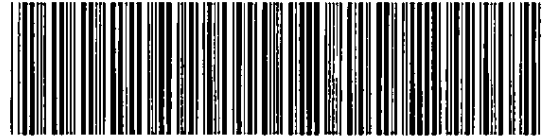
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SECRETARY OF STATE
TALLAHASSEE FL

COVER LETTER

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

SUBJECT: BESGCA, 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: Samuel Wilkerson

Name (Printed or typed)

610 NW 38th Ave

Address

Lauderhill, FL 33311

City, State & Zip

954-817-9594

Daytime Telephone number

bigsam@bellsouth.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: BESGCA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3790 NW 8th PL

Lauderhill, FL 33311

Mailing address, if different is:
P. O. Box 121821

Lauderhill, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our Mission is to Promote The Safety, Welfare Spirt And
Unique Lifestlye Of Our Community. (BESGCA, INC)

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By Elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Wilkerson, President

Address: 610 NW 38th Ave
Lauderhill, FL 33311

Name and Title: _____

Address: _____

Name and Title: Joyce Williams, Financial Secretary

Address: 3870 NW 8th Pl
Lauderhill, FL 33311

Name and Title: _____

Address: _____

Name and Title: Sandra Talton, Treasure

Address: 3870 NW 8th Street
Lauderhill, FL 33311

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Tony Williams
Address: 900 NW 38TH Ave
Lauderhill, FL 33311

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Samuel Wilkerson
Address: 610 NW 38th Ave
Lauderhill, FL 33311

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 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

Tony Williams
Required Signature of Registered Agent

1/14/20
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.

Samuel Wilkerson
Required Signature of Incorporator

1/14/2020
Date