

N240000014439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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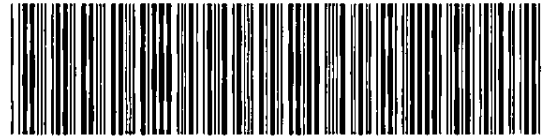
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: BMK Foundation 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: Porsche Knight

Name (Printed or typed)

5626 Fletcher Oaks Drive

Address

Tallahassee, Florida, 32317

City, State & Zip

850-339-7111

Daytime Telephone number

porscheKnight.pk@gmail.com

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

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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: BMK Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
824 Briandav St

Tallahassee, Florida 32305

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of this non-profit organization is empowering future generations by awarding educational scholarships to deserving students in memory of Brandon M King, strengthening our community inspiring others to give back.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: per the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn King- President

Address: 824 Briandav St
Tallahassee, FI 32305

Name and Title: Gary King- Treasurer

Address: 824 Briandav St
Tallahassee, FI 32305

Name and Title: Porsche Knight - Secretary

Address: 5626 Fletcher Oaks Drive
Tallahassee, FI, 32317

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK

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: Porsche Knight
Address: 5626 Fletcher Oaks Drive
Tallahassee, FL 32317

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Porsche Knight
Address: 5626 Fletcher Oaks Dr
Tallahassee, FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/09/2025. (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

DocuSigned by:
Porsche Knight
CA97CCC9D638496 Required Signature of Registered Agent

12/13/2024

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.

DocuSigned by:
Porsche Knight
CA97CCC9D638496 Required Signature of Incorporator

12/13/2024

Date