

P 000000 41046

TRANSMITTAL LETTER

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

SUBJECT:

BKGE, Inc.

(Proposed corporate name - must include suffix)

500003216885--3

-04/20/00--01084--023

*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

KENNETH and KAREN EAKIN
Name (Printed or typed)

P.O. BOX 08357
Address

FT. MYERS, FL 33908
City, State & Zip

941-770-6748
Daytime Telephone number

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

00 APR 20 AM 6:48

FILED

F. CHEN APR 2 5 2000

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BKGE, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 08357
FT. MYERS, FL 33908

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CANDIS L. EAKIN
14840 CANAAN DR.
FT. MYERS, FL 33908

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

KENNETH AND KAREN EAKIN
P.O. Box 08357
FT. MYERS, FL 33908

K. Eakin
Signature/Incorporator

4-17-00
Date

4-17-00

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Candis L. Eakin

Signature/Registered Agent

4/17/2000

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 20 AM 6:48

FILED