

P03000065965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

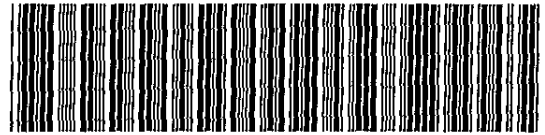
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 13 PM 3:14

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 16227
Tallahassee, FL 32314

SUBJECT: _____
(Proposed corporate name - must include suffix)

1
B.S.t
1

Enclosed are original and one(1) copy of the articles of incorporation and a check for:

\$75.00
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: Jules Shecter
Name (Printed or typed)

2678 NW 425T
Address

BOCA RATON, FLA 33434
City, State & Zip

561-989-8824
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
B.S.L.INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
2678 NW 42ND Street
Boca Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To sell vitamins

ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
Lauren Shecter (President)
Jules Shecter (Secretary Treasurer)

ARTICLE VI REGISTERED AGENT

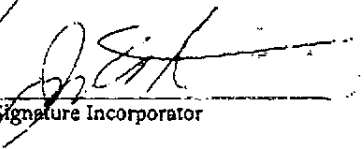
The name and Florida street address of the registered agent is:
Jules Shecter
2678 NW 42ND Street
Boca Raton, FL 33434

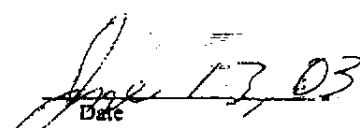
ARTICLE VII INCORPORATOR

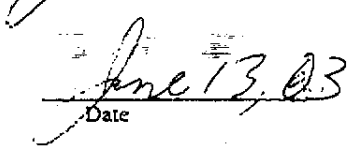
The name and address of the Incorporator is:
Same as above Jules Shecter
2678 NW 42ND Street
Boca Raton, FL 33434

.....
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


Signature Registered Agent


Signature Incorporator


Date


Date

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TALLAHASSEE, FLORIDA
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