

P05000119609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

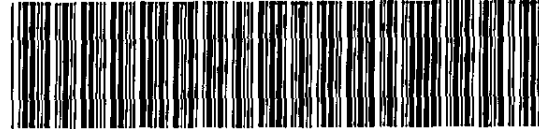
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/05--01044--001 **78.75

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2005 AUG 26 PM 2:49
TALLAHASSEE FLORIDA

RECEIVED
AUG 25 AM 11:10
STATE DEPARTMENT OF REVENUE
TALLAHASSEE FLORIDA

158 8/29/05

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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CLERK OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- BECLYN ENTERPRISES, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

BECLYN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5 Creek Branch Way, Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business authorized by the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nathan D. Neal, President/Treasurer

5 Creek Branch Way, Ormond Beach, FL 32174

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nathan D. Neal

5 Creek Branch Way, Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nathan D. Neal

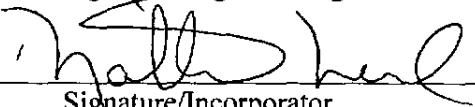
5 Creek Branch Way, Ormond Beach, FL 32174

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

8-25-05
Date



Signature/Incorporator

8-25-05
Date

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TALLAHASSEE FLORIDA