

PO6000079506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

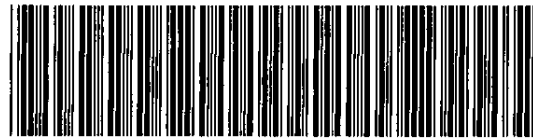
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/06--01017--007 **78.75

FILED
2006 JUN -9 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **BOS'N, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: **BOS'N, INC.**

Name (Printed or typed)

5475 NE ST JAMES DRIVE # 147

Address

PORT ST LUCIE, FL 34983

City, State & Zip

772 878-1144

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: **BOS'N, INC.**

2006 JUN -9 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**5425 NE St. James Drive #147
Port St. Lucie, Fl. 34983**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**SMALL BUSINESS OPERATION, INSURANCE
SALES.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**MARGARET E. FOWLER, PRESIDENT
6868 NW JORGENSEN RD
PORT ST. LUCIE, FL. 34983**

**JOHN S. FOWLER, Secy/Treas.
6868 NW Jorgensen Rd.
Port St. Lucie, Fl. 34983**

ARTICLE VI REGISTERED AGENT

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


**John S. Fowler
6868 NW Jorgensen Rd
Port St. Lucie, Fl. 34983**

ARTICLE VII INCORPORATOR

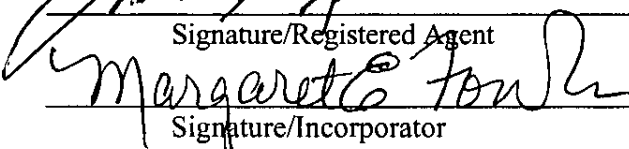
The name and address of the Incorporator is:

**MARGARET E. Fowler
6868 NW Jorgensen Rd
Port St. Lucie, Fl. 34983**

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


Date


Signature/Incorporator


Date