# P08000065954

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	ə #)
PICK-UP		MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



07/14/08--01008--001 \*\*78.75

FTILLI P 2: 41 SECRETARY OF STATE CLLAHASSEE, FLUCIDA

# **COVER LETTER**

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

## SUBJECT: BJ Entertainment and Promotions, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

Filing Fee

☑ \$78.75Filing Fee& Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>DPY REQUIRED</b>

FROM: Don Sweet	
Name (Printed or typed)	
124 Broken Bow Trail	1000 · 2000
Address	JUL 11
Crawfordville, FL 32327	
City, State & Zip	
(850) 524-2276	<b></b>
Daytime Telephone number	>> 0

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:

### BJ Entertainment and Promotions, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal: 124 Broken Bow Trail, Crawfordville, FL 32327 Mailing: P.O. Box 2664, Tallahassee, FL 32316

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

#### ARTICLE IV SHARES

The number of shares of stock is: 10

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): President Don Sweet 124 Broken Bow Trail Crawfordville, FL 32327

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agentist Don Sweet 124 Broken Bow Trail Crawfordville, FL 32327

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Don Sweet 124 Broken Bow Trail Crawfordville, FL 32327

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

ignature/Registered Agent Signature/Incorporator

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Date