

P08000068552

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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000132555590

07/11/08--01014--004 **78.75

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2008 JUL 18 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf. 7-21

COVER LETTER

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

SUBJECT: RE: BUSINESS FORMS & PRINTING, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RICHARD ERCKMAN

Name (Printed or typed)

69 KNOLL WOOD DRIVE

Address

POINCIANA, FL 34759

City, State & Zip

863-427-9199

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2008

RICHARD ERCKMAN
69 KNOLL WOOD DR.
POINCIANA, FL 34759

SUBJECT: RE:BUSINESS FORMS & PRINTING, INC.
Ref. Number: W08000033005

We have received your document for RE:BUSINESS FORMS & PRINTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 308A00040981

New form enclosed

RECEIVED
08 JUL 21 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: RE: Business Forms, 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: RE: Business Forms, Inc.

Name (Printed or typed)

69 Knoll Wood Drive

Address

Poinciana, Florida 34759

City, State & Zip

863-229-1103

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:

RE: Business Forms, Inc.

ARTICLE II PRINCIPAL OFFICE

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

69 Knoll Wood Drive
Poinciana, Florida 34759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide business forms to businesses and individuals.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard Erckman	69 Knoll Wood Drive	Poinciana, FL 34759,	President and Chairman of the Board
Laura Erckman	69 Knoll Wood Drive	Poinciana, FL 34759	Secretary

ARTICLE VI REGISTERED AGENT

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

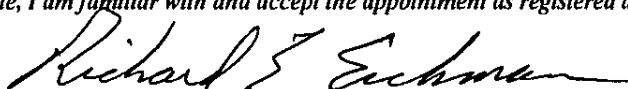
Richard Erckman 69 Knoll Wood Drive Poinciana, FL 34759

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Erckman 69 Knoll Wood Drive poinciana, FL 34759

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

FILED
2008 JUL 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date