

P08000108729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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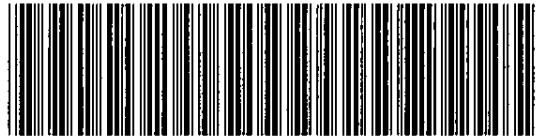
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: BNM Distributing 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: Mandy L. Cooke
Name (Printed or typed)

5250 Dundee Rd
Address

Winter Haven, FL 33884
City, State & Zip

(863) 242 0744
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:

BNM DISTRIBUTING INC

ARTICLE II PRINCIPAL OFFICE

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

5250 Dundee Rd
Winter Haven, FL 33884

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Direct Sales of Cleaning equipment & supplies

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):

Brandon Cooke - President/owner

Mandy Cooke - Vice President/Administrator

ARTICLE VI REGISTERED AGENT

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

Mandy and/or Brandon Cooke
569 Hatchwood Dr
Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brandon and/or Mandy Cooke
569 Hatchwood Dr
Haines City, FL 33844

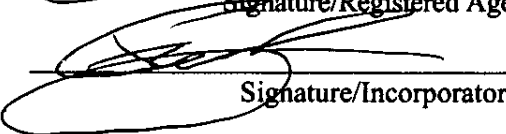
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mandy Cooke

Signature/Registered Agent

12-08-08

Date



Signature/Incorporator

12-08-08

Date

RECEIVED
CLERK OF STATE
FLORIDA

08 DEC 15 PM 5:16

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