

PO9000042775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

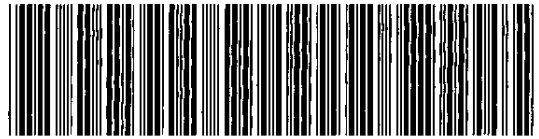
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300153082883

04/30/09--01013--021 **78.75

FILED

09 MAY 15 AM 8:30

RECEIVED OF STATE
CLERK OF COURT

4/16

COVER LETTER

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

SUBJECT: _____

BBMC 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: _____

Michael A. Lashman

Name (Printed or typed)

1415 Pinewood Ave

Address

Lakeland FL 33803

City, State & Zip

863 683 7999

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2009

MICHAEL A LASHMAN
1415 PINWOOD AVE
LAKELAND, FL 33803

SUBJECT: BBMC INC.
Ref. Number: W09000020615

We have received your document for BBMC 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 709A00014759

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: ~~BBMC Inc.~~
BBMC Travel inc

ARTICLE II PRINCIPAL OFFICE

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

1415 Pinewood Ave
Lakeland FL 33803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Travel Agency

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):

Michael A. Lashman President
Brenda K. Lashman VP

ARTICLE VI REGISTERED AGENT

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


1415 Pinewood Ave
Lakeland FL 33803 Michael A. Lashman

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael A. Lashman
1415 Pinewood Ave
Lakeland FL 33803

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
MAY 15 AM 8:30
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

4-27-09

Date

4-27-09

Date