

P090000067561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200158738602

07/23/09--01026--010 **78.75

FILED
09 AUG 10 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W090000034122

Nch
8-11-09

COVER LETTER

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

RESUBMITTING CORP NAME
REF#: W09000034122

SUBJECT: BE-VO FLOOR COVERING 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: BE VORASARN
Name (Printed or typed)

4411 CARLYLE RD.
Address

TAMPA FL 33615
City, State & Zip

727-422-6929
Daytime Telephone number

Jonen99@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
09 AUG 10 PM 4:45

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2009

BE VORASARN
4411 CARLYLE RD.
TAMPA, FL 33615

SUBJECT: BE FLOOR COVERING INC.
Ref. Number: W09000034122

We have received your document for BE FLOOR COVERING 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.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney
OPS Clerk

Letter Number: 109A00025700

FILED
09 AUG 10 PM 4:47
DIVISION OF STATE
TALLAHASSEE, FLORIDA

8/10/09

CORPORATE DETAIL RECORD SCREEN

1:41 PM

NUMBER: W09000034122

REJECTED FILING

REJ: 07/23/2009

NAME : BE FLOOR COVERING INC.

SUBMIT BY: BE VORASARN

ADDRESS : 4411 CARLYLE RD.
TAMPA, FL 33615

USER ID : NHANEY

1. MENU

ENTER SELECTION AND CR:

RECEIVED AUG 10 2009

PV

RECEIVED AUG 10 2009

FILED

09 AUG 10 PM 4: 44

RECEIVED AUG 10 2009

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: BE-VO FLOOR COVERING INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
4411 CARLYLE RD. TAMPA FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COVERING
TO PROVIDE FLOOR SERVICES

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):
BE VORASARN 4411 CARLYLE RD. TAMPA FL 33615 (PRES)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
BE VORASARN 4411 CARLYLE RD. TAMPA FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
BE VORASARN 4411 CARLYLE RD. TAMPA FL 33615

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

8.3.09

Date

8.3.09

Date

FILED
09 AUG 10 PM 4:46
TAMPA FLORIDA