

P10000008735-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

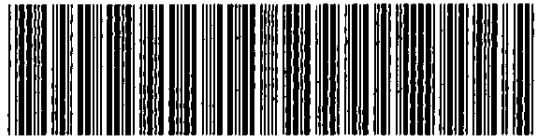
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/15/10--01019--017 **87.50

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10 JAN 28 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/ 000000 2527

1-29-10 CH

COVER LETTER

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

SUBJECT: BM Distributors 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: Justin Gensel

Name (Printed or typed)

2091 Muirfield Way

Address

Oldsmar, FL 34677

City, State & Zip

727-249-2001

Daytime Telephone number

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



RECEIVED

10 JAN 28 AM 11: 21

FLORIDA DEPARTMENT OF STATE

Division of Corporations
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 19, 2010

JUSTIN GENSEL
2091 MUIRFIELD WAY
OLDSMAR, FL 34677

*NOTE
CORRECTION.*

BMS
SUBJECT: ~~BM~~ DISTRIBUTORS INC.
Ref. Number: W10000002527

We have received your document for BM DISTRIBUTORS INC. and your check(s) totaling \$87.50. 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 provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 710A00001427

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:

ems
Ems Distributors Inc.

NOTE
CORRECTION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2091 Muirfield Way
Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribute wholesale goods

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kevin Matherson	Justin Gensel
148 Wagstaff Lane	2091 Muirfield Way
West Islip, NY 11795	Oldsmar, FL 34677
President	Vice President

ARTICLE VI REGISTERED AGENT

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

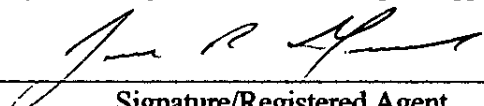
Justin Gensel
2091 Muirfield Way
Oldsmar, FL 34677

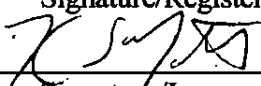
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

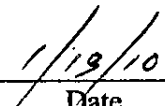
Kevin Matherson
148 Wagstaff Lane
West Islip, NY 11795

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



Date
1/13/10

Date

FILED
10 JAN 28 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA