

PI0000092874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

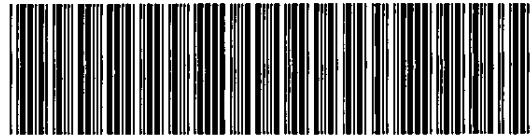
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187362588

11/09/10--01024--016 **87.50

FILED

10 NOV -9 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/15

COVER LETTER

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

SUBJECT: Bless Travel & Tours Specialist, 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: Berdette H. Pierce
Name (Printed or typed)
5362 Tubman Drive South
Address
Jacksonville, Florida 32219
City, State & Zip
904-765-4625
Daytime Telephone number
ablessing7983@yahoo.com
E-mail address (to be used for future annual report notification)

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: Bless Travel & Tours Specialist, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5362 Tubman Drive South
Jacksonville, Florida 32219

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide travel and Tour information and bookings
for individuals and groups.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Berlette H. Pierce (P), (D)
Address: 5362 Tubman Drive South
Jacksonville, Florida 32219
904-765-4625

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Berlette H. Pierce
Address: 5362 Tubman Drive South
Jacksonville, Florida 32219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Berlette H. Pierce
Address: 5362 Tubman Drive South
Jacksonville, Florida 32219

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

Berlette H. Pierce
Required Signature/Registered Agent

11/8/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Berlette H. Pierce
Required Signature/Incorporator

11/8/10
Date

FILED
10 NOV - 9 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA