

P10000100298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

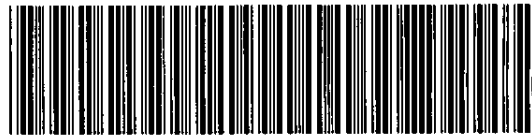
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Certificates of Status

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 DEC 13 PM 2:33
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SUFFICIENCY OF FILING

FILED
10 DEC 13 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12/14

MRS
12/13

COVER LETTER

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

SUBJECT: Boisvert Rentals and Property Management, 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: PAUL T. BOISVERT
Name (Printed or typed)
1114-B THOMASVILLE ROAD
Address
TALLAHASSEE, FL. 32303
City, State & Zip
(850) 545-6060
Daytime Telephone number
BOISVERT@AOL.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: BOISVERT RENTALS AND PROPERTY MANAGEMENT, INC. EFFECTIVE DATE
TO BE 1/1/11

ARTICLE II PRINCIPAL OFFICE

Principal street address

1114-B THOMASVILLE ROAD
TALLAHASSEE, FL. 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A REAL ESTATE BROKERAGE COMPANY SPECIALIZING IN RENTALS AND PROPERTY MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL T. BOISVERT, BROKER/OWNER
Address: 1114-B THOMASVILLE RD.
TALL., FL. 32303

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
1/1/11

ARTICLE VI REGISTERED AGENT

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

Name: PAUL T. BOISVERT
Address: 1114-B THOMASVILLE RD.
TALL., FL. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL T. BOISVERT
Address: 1114-B THOMASVILLE RD.
TALL., FL. 32303

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

Paul T. Boisvert

Required Signature/Registered Agent

12/13/10
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.

Paul T. Boisvert

Required Signature/Incorporator

12/13/10
Date