

PI1000005715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

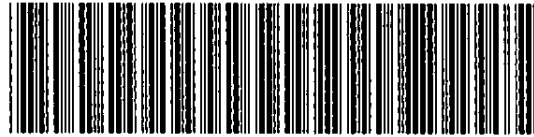
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/19/11--01004--002 \*\*78.75

RECEIVED  
11 JAN 19 AM 8:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 JAN 19 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/19/11

## COVER LETTER

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

SUBJECT: B.EE'S Carrier Permitting & Licensing  
(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: Willie Jackson  
Name (Printed or typed)  
67 Baptist Rd  
Address  
110yd FL 32337  
City, State & Zip  
850-210-2201  
Daytime Telephone number  
BCEPLINC@live.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:

BEE'S Carrier Permitting & Licensing Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

607 Baptist Rd  
Hoyd FL 32337

Mailing address, if different is:

PO BOX 273  
Hoyd FL 32337

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

~~All purpose~~  
All purpose

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Address:

Willie Jackson

~~Willie Jackson~~

PO BOX 273

Hoyd FL 32337

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:

Address:

~~Willie Jackson~~ Willie Jackson

607 Baptist Rd

Hoyd FL 32337

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:

Address:

Willie Jackson

607 Baptist Rd

Hoyd FL 32337

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

Willie Jackson

Required Signature/Registered Agent

01/19/11

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.

Willie Jackson

Required Signature/Incorporator

01/19/11

Date

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