

PI1000021959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

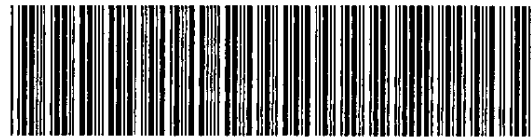
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/28/11--01051--012 **70.00

FILED
11 FEB 28 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/7

COVER LETTER

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

SUBJECT: **BC PIZZA FWB 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: **STEVE NELSON**
Name (Printed or typed)

225 GREENBRIER DRIVE
Address

FORT WALTON BEACH, FL 32547
City, State & Zip

850 226 6612
Daytime Telephone number

STEVEHEIDI@COX.NET
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: B. C. PIZZA FWB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
99 EGLIN PARKWAY
SUITE 23
FORT WALTON BEACH, FL 32547

Mailing address, if different is:

225 Greenbrier Dr. NE
Fort Walton Beach, FL
32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PIZZA RESTAURANT

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>STEVE NELSON</u>	Name and Title: _____
Address: <u>225 GREENBRIER DRIVE</u>	Address: _____
<u>FORT WALTON BEACH</u>	_____
<u>FLORIDA 32547</u>	_____

Name and Title: <u>HEIDI NELSON</u>	Name and Title: _____
Address: <u>225 GREENBRIER DRIVE</u>	Address: _____
<u>FORT WALTON BEACH</u>	_____
<u>FLORIDA 32547</u>	_____

Name and Title: <u>TAMMY NELSON</u>	Name and Title: _____
Address: <u>272 BEACHVIEW DRIVE</u>	Address: _____
<u>FORT WALTON BEACH</u>	_____
<u>FLORIDA 32547</u>	_____

ARTICLE VI REGISTERED AGENT

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

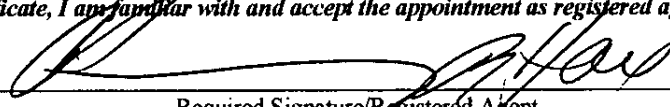
Name: HARVEY HALL
Address: 276 BEACHVIEW DR.
FORT WALTON BEACH, FL 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HARVEY HALL
Address: P O BOX 715
SHAIMAR, FL 32579

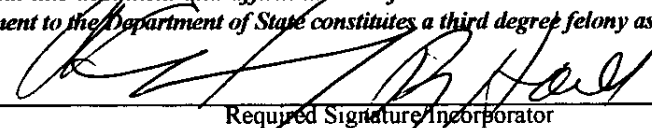
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/22/11
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.



Required Signature/Incorporator

2/22/11
Date