

P11000035409

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(Business Entity Name)

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RECEIVED  
11 APR 12 AM 9:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 APR 12 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/12/11

## COVER LETTER

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

SUBJECT: BKJ, 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: Bonnie K. Johnson

Name (Printed or typed)

1310 Lemond Street

Address

Tallahassee, FL 32308

City, State & Zip

850/524-3701

Daytime Telephone number

bjohnson@bkj-archbuild.com

E-mail address: (to be used for future annual report notification)

SECTION OF STATE  
TALLAHASSEE, FLORIDA

11 APR 12 AM 9:37

FILED

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: BKJ, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1310 Lemond Street  
Tallahassee, FL 32308

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide services and products to businesses, individuals and governmental entities and to transact any and all lawful business permitted under the laws of Florida and the United States of America.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Bonnie K. Johnson, President</u>	Name and Title: _____
Address: <u>1310 Lemond Street</u>	Address: _____
<u>Tallahassee, FL 32308</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Bonnie K. Johnson  
Address: 1310 Lemond Street  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bonnie K. Johnson  
Address: 1310 Lemond Street  
Tallahassee, FL 32308

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

Bonnie K. Johnson  
Required Signature/Registered Agent

4/12/2011  
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.

Bonnie K. Johnson  
Required Signature/Incorporator

4/12/2011  
Date