

P110000097200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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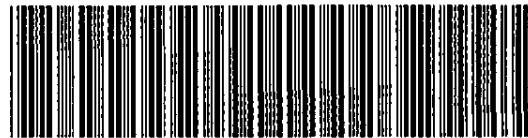
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV -7 PM 4:21

APPROVAL
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Bosun Foods & Services 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: Leland A. King

Name (Printed or typed)

3508 McCormick Woods Drive

Address

Ocoee, Florida. 34761

City, State & Zip

321-460-2114

Daytime Telephone number

Leylandking@ymail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Bosun Foods and Services, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
287 West Road
Ocoee, Florida
34761

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different:
287 West Road
Ocoee
Florida, 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct all forms of trade in all legal consumer goods and commercial services, to include but not limited to grains, spices, fruits and vegetables in all forms, canned goods, dehydrated fish and meats, powdered milk.

To conduct market surveys, produce reports and provide consultative services for any legal business.

ARTICLE IV SHARES

The number of shares of stock is One hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Leland A. King, Director</u>	Name and Title: _____
Address: <u>3508 McCormick Woods Drive</u>	Address: _____
<u>Ocoee, Florida</u>	_____
<u>34761</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: Mayleen King
Address: 7257 Lazy Hill Drive
Orlando, Florida 34761-32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leland A. King
Address: 3508 McCormick Woods Drive
Ocoee, Florida 34761

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

Mayleen King
Required Signature/Registered Agent

Nov 1, 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.

Leland King
Required Signature Incorporator

Nov 1, 2011
Date