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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

691-W12000008794



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## **COVER LETTER**

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

SUBJECT: BMOODY WORKS,		************	<del></del>
(PROPOSED CORPORA			
Enclosed are an original and one (1) copy of the art	cies of incorporation an	d a check for:	1
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
		<u>V</u>	]
	e (Printed or typed)		
652 SE Starflower Ave.  Address			
Port St Lucie, FL 3			SEGRE DIVISION
772-878-0638 Daytime T	elephone number		FILED FARY OF CF CORPI
betsymoody@hotma E-mail address: (to be use	il.com	notification)	STATE ORATIO 2: 37
2 uuu. sss. (10 00 use	a		

NOTE: Please provide the original and one copy of the articles.



RECEIVED 12 FEB 23 PM 12: 39

## FLORIDA DEPARTMENT OF STATE LAHASSEE. FLORIDA Division of Corporations

February 14, 2012

ELIZABETH MOODY 652 SE STARFLOWER AVENUE PORT ST. LUCIE, FL 34983

SUBJECT: BMOODY WORKS, INC. Ref. Number: W12000008794

We have received your document for BMOODY WORKS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 412A00006788

12 FEB 23 PH 2: 37

## ARTICLES OF INCORPORATION

SECRETARY OF STATE

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NYISION OF CORPORATIONS NAME BMOODY WORKS, INC. 12 FEB 23 PM 2: 37 The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 652 SE Starflower Ave Port St Lucie, FL 34983 ARTICLE III PURPOSE The purpose for which the corporation is organized is: **General Real Estate Services** ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Elizabeth Moody, President Name and Title:\_ 652 SE Starflower Ave Address: Address: Port St Lucie, FL 34983 Name and Title:\_\_\_\_\_\_ Name and Title:\_\_\_\_\_ Address: Name and Title: Address: Address: REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Elizabeth Moody Address: 652 SE Starflower Ave Port St Lucie, FL 34983 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Elizabeth Moody Address: 652 SE Starflower Ave. Port St Lucie, FL 34983 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 Clipal Woody
Required Signature/Registered Agent

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.

2-9-12— Date