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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -3 PM 1:39

Ps 4/4/12

COVER LETTER

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

SUBJECT: BCL Management of Florida, 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: Bruce Taylor

Name (Printed or typed)

10486 180th Place South

Address

Boca Raton, Florida 33498

City, State & Zip

954-610-3412

Daytime Telephone number

btayinsinv@gmail.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:

BCL Management of Florida, Inc.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10486 180th Place South
Boca Raton, Florida 33498

12 APR -3 PM 1:39
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We are a management company for insurance agencies, medical diagnostic equipment services companies, and other related entities.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Bruce Taylor, President**
Address: 17210 Bermuda Village Dr.
Boca Raton, FL 33487

Name and Title: _____
Address: _____

Name and Title: **Carol Mielz, Treasurer/Secretary**
Address: 17210 Bermuda Village Dr.
Boca Raton, FL 33487

Name and Title: _____
Address: _____

Name and Title: **Courtney Taylor, Vice-President**
Address: 1451 SW 68th Ave.
Plantation, FL 33317

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: **Bruce Taylor**
Address: 10486 180th Place South
Boca Raton, Florida 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

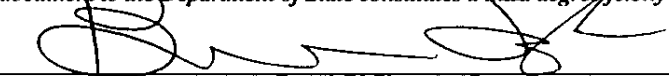
Name: **Bruce Taylor**
Address: 10486 180th Place South
Boca Raton, Florida 33498

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

3/30/12
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

3/30/12
Date