

P 12000032773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

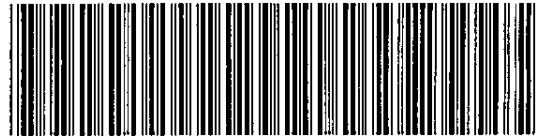
(Document Number)

Certified Copies ✓

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700227480507

04/05/12--01023--017 **78.75

RECEIVED
DEPARTMENT OF STATE
12 APR -5 PM 1:42

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
12 APR -5 PM 1:53

4/5/12

COVER LETTER

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

SUBJECT: QUINCY BP, 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: Menbere Mekonnen
Name (Printed or typed)

3700 Capital Cir # 1217
Address

Tallahassee FL, 32311
City, State & Zip


407-625-5796
Daytime Telephone number

menbim8 at AOL.COM
E-mail address: (to be used for future annual report notification)

FILED
12 APR -5 PM 1:53
TALLAHASSEE FLORIDA

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

I, MENBERE MEKONNEN WILL NOT REINSTATE QUINCY BP, INC.
DOCUMENT NUMBER P10000092950 AND I RELEASE THE NAME FOR
USE.

 menbere

FILED
12 APR -5 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Quincy BP. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
502 West Jefferson St
Quincy, FL 32351

Mailing address, if different is:

3700 Capital Cir #1217
Tallahassee FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Convenience STORE - Gas Station

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Member Mekonnen
Address: 3700 Capital Cir #1217
Tallahassee FL 32311

Name and Title: _____
Address: _____

Name and Title: President - CEO
Address: 3700 Capital Cir #1217
Tallahassee FL 32311

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Member Mekonnen
Address: 502 West Jefferson St
Quincy FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: member mekonnen
Address: 502 West Jefferson St
Quincy FL 32311

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

member
Required Signature/Registered Agent

04-05-12
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.

member
Required Signature/Incorporator

04-05-12
Date

FILED
12 APR - 5 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA