P12000035733

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT . MAIL					
(Business Entity Name)					
,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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500230982915 04/26/12--01006--004 **78.75



COVER LETTER

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

SUBJECT: B & B Canvas Inc.						
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	l a check for:	1			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
	ADDITIONAL CO	PY REQUIRED				
FROM: Bethanny Faye Martin Name (Printed or typed)						
5503 Seagrape Dr		LLA	012 /			
	Address	HASS	2012 APR 25	anneance entrected		
Fort Pierce FL 34982	State & Zip) M		
(772) 501-0452	clephone number	1087 E	AM IO: OI	C. C		
bethlanham0711@yahoo E-mail address: (to be used	o.com	matification)				
E-mail address. (to be used for future amulal report notification)						

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the o	NAME Depresentation shall be: B & B Canvas Inc.		
•	•		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing add	dress, if different is:
•	3490 NE Candice Ave	5503 Seagrape I	
	Jensen Beach FL 34957	Fort Pierce FL 3	4982
ARTICLE III	····		
	which the corporation is organized is:		
to customize	e and repair marine canvas and upholste	ery	
ARTICLE IV The number of sh	SHARES ares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
	Fitle: Bethanny Martin President	Name and Title:	
Address:	5503 Seagrape Dr	Address:	
	Fort Pierce FL 34982		
Name and '	Fitle:	Name and Title:	
Address:		Address:	
27 17	n'-1	ar tm'.i	
Name and Address:	Title:	Name and little:	
Address.		Address:	
			_
			F
	REGISTERED AGENT		2012 SECO ALL/
The <u>name and Fi</u> Name:	orida street address (P.O. Box NOT acceptable) of th	e registered agent is:	APR APR AHA
Name: Address:	Bethanny Martin		AG AG
Addicas.	5503 Seagrape Dr		SE 25
			me _ e
ARTICLE VII	INCORPORATOR		三 三 11
	dress of the Incorporator is:		
Name:	Bethanny Martin		
Address:	5503 Seagrape Dr Fort Pierce FL 34982		
	ned as registered agent to accept service of process for nm familiar with and accept the appointment as regista		
	1 10		ſ
_7) eth	(Required Signature/Registered Agent		4-23-12
	(Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are tr		
document to the l	Department of State constitutes a third degree felony a	s provided for in s.817.155	, F.S.
A ne	$1, m, \pm$		4-22-12
DUM	Inny I Matin Required Signature/Incorporator		11/20 12
	(Required Signature/Incorporator		Date