

P1200096705

Y
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

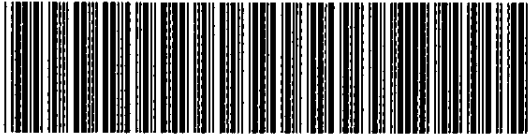
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 21 AM 9:51

Ps 11/26/12

COVER LETTER

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

SUBJECT: **21894 Bukie, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Mark Lenson**

Name (Printed or typed)

1340 SW 17th Street

Address

Boca Raton, FL 33486

City, State & Zip

561-750-0005

Daytime Telephone number

kkpp@comcast.net

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **21894 Bukie, Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

21894 Lake Forest Circle #105

Boca Raton, FL 33433

Mailing address, if different is:

c/o Mark Lenson

120 Spanish River Blvd. Sta-K

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **any and all lawful business.**

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mark Lenson President**

Address: **1340 SW 17th Street**

Boca Raton FL 33486

Name and Title: **Annmarie Lenson Treas./Sec'y.**

Address: **1340 SW 17th Street**

Boca Raton FL 33486

Name and Title:

Address:

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: **Mark Lenson**

Address: **1340 SW 17th Street**

Boca Raton FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Mark Lenson**

Address: **1340 SW 17th Street**

Boca Raton FL 33486

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

11/18/12
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

11/18/12
Date

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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