

P13000036166

(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:

~~W13-20299~~

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13 APR 19 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/H

COVER LETTER

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

SUBJECT: BGMWRF 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: William H. Furlonge

Name (Printed or typed)

2011 Lake Alden Dr.

Address

Apopka, Fl. 32712

City, State & Zip

407-257-9891

Daytime Telephone number

bfbusinessreviews@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2013

WILLIAM H. FURLONGE
2011 LAKE ALDEN DR.
APOPKA, FL 32712

SUBJECT: BGMWRF INC.
Ref. Number: W13000020299

We have received your document for BGMWRF INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 513A00008212

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: BGMWRF Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2011 Lake Alden Dr.

Apopka, FL. 32712

Mailing address, if different is:

2011 Lake Alden dr.

Apopka, FL. 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Furlonge/President

Address: 2011 Lake Alden Dr.
A 32712popka, FL.

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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13 APR 19 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

FILED

Name and Title: _____ Name and Title: 13 APR 19 PM 4: 04
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: William Furlonge
Address: 2011 Lake Alden Dr.
Apopka, FL. 32712

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: William Furlonge
Address: 2011 Lake Alden Dr.
Apopka, FL. 32712

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 04/15/13 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 04/15/13 Date