

713000040608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

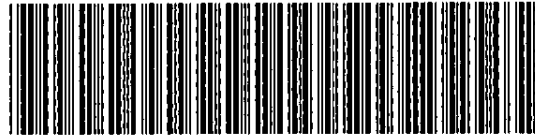
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: **BGB FARMS, 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: STEPHEN KNIWIT
Name (Printed or typed)

2700 APALACHICHI PKWY
Address

TALLAHASSEE FL 32301
City, State & Zip

850-513-3151
Daytime Telephone number

STEPHEN@KNIWITLAWYER.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

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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: BGB FARMS, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

108 Astor Ave.

Quincy, FL 32352

Mailing address, if different is:

1950 North Point Blvd.

Apt. # 1107

Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any all All lawful and legally authorized business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bravo Brown/CEO

Address: 1950 North Point Blvd.

Apt. # 1107, Tallahassee, FL 32308

Name and Title: Nordian S. Brown/ 1st Vice President

Address: 1950 North Point Blvd.

Apt. # 1107, Tallahassee, FL 32308

Name and Title: Jhaniel A Brown/2nd Vice President

Address: 1950 North Point Blvd.

Apt. # 1107, Tallahassee, FL 32308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Stephen Knight
Address: 2700 Apalachee Pkwy.
Suite B, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stephen Knight
Address: 2700 Apalachee Pkwy
Suite B, Tallahassee, FL 32301

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

5-6-13

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

5-6-13

Date

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