

P13000068553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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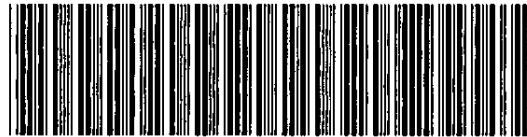
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/13--01012--006 **18.75

FILED
13 AUG 16 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL 32399

8:00am AUG 21 2013

COVER LETTER

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

SUBJECT: **BN ORNAMENTAL SOLUTIONS, 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: **WILMAN NAVAS**
Name (Printed or typed)
8507 FOXHALL DR
Address
TAMPA, FL, 33615
City, State & Zip
813-526-5708
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: **BN ORNAMENTAL SOLUTIONS, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8507 FOXHALL DR

TAMPA, FL, 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO BECOME ENGAGED IN THE BUSINESS OF ORNAMENTAL STONES, SELLING, AND INSTALLING**

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **1000 @ \$ 1.00**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BEATRIZ CASTRO**

Address **8507 FOXHALL DR**
TAMPA, FL, 33615

Name and Title: **WILMAN NAVAS**

Address: **8507 FOXHALL DR**
TAMPA, FL, 33615

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(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: WILMAN NAVAS

Address: 8507 FOXHALL DR

TAMPA, FL, 33615

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

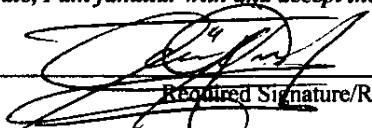
The name and address of the Incorporator is:

Name: WILMAN NAVAS

Address: 8507 FOXHALL DR

TAMPA, FL, 33615

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

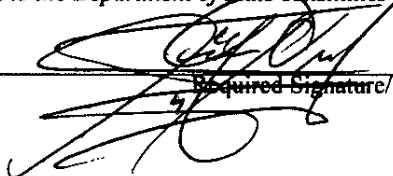


Required Signature/Registered Agent

08/13/13

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

08/13/13

Date