

P13000073584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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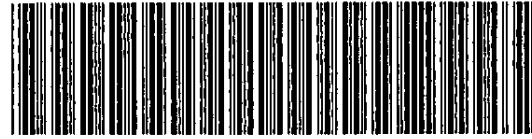
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/9/13

COVER LETTER

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

SUBJECT: BCD Maintenance Services, 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: Jorge Jose Gonzalez

Name (Printed or typed)

4295 SW 15 St # 4

Address

Miami Fl, 33134

City, State & Zip

786-355-5291

Daytime Telephone number

bcdmaintenance@hotmail.com

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:

BCD Maintenance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4295 SW 15 St # 4

Miami, FI 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jorge Jose Gonzalez, President**

Name and Title:

Address

4295 SW 15 St # 4

Address:

Miami, FI 33134

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Jorge Jose Gonzalez
Address: 4295 SW 15 St # 4
Miami, FI 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Jose Gonzalez
Address: 4295 SW 15 St # 4
Miami, FI 33134

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	<u>08-26-2013</u> Date
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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	<u>08-26-2013</u> Date
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