

P/4000000404

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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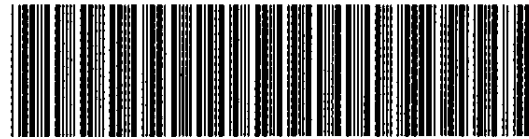
(Business Entity Name)

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COVER LETTER

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

SUBJECT: **B.A.M.M. MANAGEMENT, INC. D/B/A BAMM**
(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: **AMANDA M. BRANNON**

Name (Printed or typed)

463185 SR 200

Address

YULEE, FL 32097

City, State & Zip

904-588-4651

Daytime Telephone number

supsvc0702@yahoo.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: B:A.M.M. MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

AMANDA M. BRANNON

463185 SR 200

YULEE, FL 32097

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA M. BRANNON/PRESIDENT

Name and Title: _____

Address 463185 SR 200

Address: _____

YULEE, FL 32097

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: AMANDA M. BRANNON
Address: 463185 SR 200
YULEE FL 32097

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ARTICLE VII INCORPORATOR

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

Name: AMANDA M. BRANNON
Address: 463185 SR 200
YULEE FL 32097

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

Amanda M. Brannon
Required Signature/Registered Agent

12/20/13
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.

Amanda M. Brannon
Required Signature/Incorporator

12/20/13
Date