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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 11 PM 2:56

COVER LETTER

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

SUBJECT: BMN FINANCIAL GROUP, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CAROL LEE
Name (Printed or typed)

7760 NW 78th Ave, #112
Address

Tamarac, Florida ,33321
City, State & Zip

+ 1 831 262 9809
Daytime Telephone number

registered.agent.florida@gmail.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 BMN FINANCIAL GROUP , INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
7760,NW78th Ave, #112
Tamarac, Florida ,33321

Mailing address, if different is:
7760,NW78thAve,#112
Tamarac, Florida,33321

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which
corporations may be organized under the General Corporation of Law of the State of Florida

ARTICLE IV SHARES one thousand (1000)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfredo Bizzarri - President Name and Title: Alfredo Bizzarri - Treasurer

Address: _____ Address: _____

Name and Title: Rossano Mancini - Vice President Name and Title: Giovanni Neroni - Secretary

Address: _____ Address: _____

Name and Title: Rossano Mancini - Treasurer Name and Title: _____

Address: _____ Address: _____

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(cont.)

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: Carol Lee
Address: 7760 NW78th Ave, #112
Tamarac, Florida, 33321

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Lee
Address: 7760 NW78th Ave, #112
Tamarac, Florida, 33321

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

Carol Lee
Required Signature/Registered Agent

03/03/2014

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.

Carol Lee
Required Signature/Incorporator

03/03/2014

Date