P1400037995

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #	<i>‡</i>)		
PICK-UP WAIT	MAIL		
(Business Entity Name	·)		
(Document Number)			
Certified Copies Certificates of	of Status		
Special Instructions to Filing Officer:			
	,		

Office Use Only

W14-23123



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04/09/14--01004--013 **78.75

FILED

14 APR 29 PM 2: 2

MESSELARY LEVILLE

x 04/30/14



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2014

PATRICK NUGENT 149 DELMAR STREET SEBASTIAN, FL 32958

SUBJECT: BUSINESS FUNDING SERVICES CORP.

Ref. Number: W14000023123

We have received your document for BUSINESS FUNDING SERVICES CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 514A00007823

COVER LETTER

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

	• •		
SUBJECT: Bus	iness Funding S	ervices Corp.	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status. PPY REQUIRED
FROM: P	atrick Nugent		
	Name	e (Printed or typed)	
14	19 Delmar Street		
		Address	

Sebastian, FL 32958

772-584-0156

Daytime Telephone number

City, State & Zip

pnugent576@aol.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)

TICLE II PR	INCIPAL OFFICE			
110222 11 110	Principal street address	Mailing	Mailing address, if different is:	
149 Delmar Street			Ç	
ebastian, F	L 32958			
RTICLE III PU	RPOSE Busin	ess Funding		
e purpose for which	the corporation is organized is: Busin	ooo i anamg		
		······································		
			77° ca	
RTICLE IV SH	ARES 200			
RTICLE IV SH e number of shares o	ARES f stock is:		PR T	
e number of shares o	f stock is: 200 ITIAL OFFICERS AND/OR DIRECTO	ORS.	APR 29	
e number of shares o	f stock is: 200 ITIAL OFFICERS AND/OR DIRECTO	DRS Name and Title:	PR T	
e number of shares o	f stock is:		APR 29	
e number of shares of stares of star	rtial officers and/or directo le: Patrick Nugent, Pres.	Name and Title:	APR 29 PM 2:	
e number of shares of stares of star	ratial officers and/or directors: Patrick Nugent, Pres. 149 Delmar Street	Name and Title:	APR 29 PM 2:	
e number of shares of shar	rtial officers and/or directors: Patrick Nugent, Pres. 149 Delmar Street Sebastian, FL 32958	Name and Title: Address:	APR 29 PN 2: 21 LASTSEE SETTING	
e number of shares of shar	ratial officers and/or directors: Patrick Nugent, Pres. 149 Delmar Street	Name and Title: Address:	APR 29 PN 2: 21 LASTSEE SETTING	
e number of shares of shar	rtial officers and/or directors: Patrick Nugent, Pres. 149 Delmar Street Sebastian, FL 32958	Name and Title: Address: Name and Title:	APR 29 PN 2: 21 LASTSEE SETTING	
e number of shares of RTICLE V IN. Name and Tit Address Name and Titl	TIAL OFFICERS AND/OR DIRECTOR Patrick Nugent, Pres. 149 Delmar Street Sebastian, FL 32958	Name and Title: Address: Name and Title: Address:	APR 29 PM 2: 21	
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e number of shares of shar	TIAL OFFICERS AND/OR DIRECTOR le: Patrick Nugent, Pres. 149 Delmar Street Sebastian, FL 32958	Name and Title: Address: Name and Title: Address:	APR 29 PM 2: 21 CRUTAN (CF) ATE LAS ASSEE AL YOUR	
e number of shares of shar	TIAL OFFICERS AND/OR DIRECTOR le: Patrick Nugent, Pres. 149 Delmar Street Sebastian, FL 32958	Name and Title: Address: Name and Title: Address:	APR 29 PM 2: 21 CRUTAN (CF) ATE LAS ASSEE AL YOUR	



Name	and Title:	Name and Title:	
Addre	ess	Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Patrick Nugent		
Address:	149 Delmar Street		
	Sebastian, FL 32958		Pag 🕏
<u>ARTICLE VI</u>	I INCORPORATOR		FILI APR 29 ASSAULASSESS
The name and	address of the Incorporator is:		
Name:	Patrick Nugent	<u></u>	
Address:	149 Delmar Street		2: 2: 2: 2: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
	Sebastian, FL 32958		, -
	amed as registered agent to accept service of processing from familiar with and accept the appointment as a familiar with and accept the appointment as a familiar with and accept the appointment as a familiar with a famili		
	Required Signature/Registered Agent		Date
I submit this d document to th	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fel	re true. I am aware that the lony as provided for in s.817	e false information submitted in a
•	Vatural Nument.		4/4/14
	Required Signature/Incorporator		Date