

PROVOCAL559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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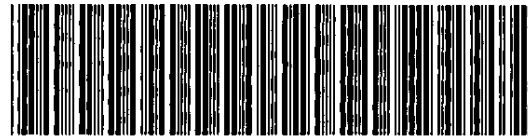
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05/16/2014 3:17PM FAX 7278499093

CONGRESS PLAGE APARTMENT

00003/0005

**COVER LETTER**

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

**SUBJECT:** BOKRICA INTERNATIONAL 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:** BOB NIKOLIC  
Name (Printed or typed)

5029 MUELLERS LANE  
Address

SAFETY HARBOR, FLORIDA, 34695  
City, State & Zip

727-712-0230  
Daytime Telephone number

BONSTARINC @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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CONGRESS PLACE APARTMENT

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**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: BOKRICA INTERNATIONAL INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5029 MUELLERS LANESAFETY HARBORFLORIDA, 34695**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR PURPOSE OF ENGAGING IN THE  
TRANSACTION OF ANY AND ALL BUSINESS ACTIVITIES PERMITTED  
UNDER THE LAWS OF FLORIDA AND THE UNITED STATES OF AMERICA

**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BOB NIKOLIC

Name and Title: \_\_\_\_\_

Address

5029 MUELLERS LANE

Address: \_\_\_\_\_

SAFETY HARBORFLORIDA, 34695

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: BOB NIKOLIC  
Address: 5029 MUELLERS LANE  
SAFETY HARBOR, FLORIDA, 34695

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: BOB NIKOLIC  
Address: 5029 MUELLERS LANE  
SAFETY HARBOR, FLORIDA, 34695

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

B. I. Nikolic

Required Signature/Registered Agent

MAY 18, 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.

B. I. Nikolic

Required Signature/Incorporator

MAY 18, 2014

Date

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