

P14 000052043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

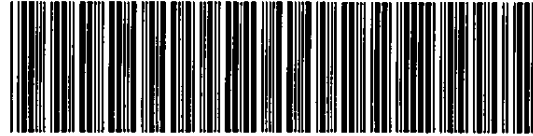
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/13/14--01008--001 **70.00

APPROVED
AND
FILED

14 JUN 13 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Belmon Upholstery 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Marius Belanger

Name (Printed or typed)

7437 Emilia Ln.

Address

Naples Fl. 34114

City, State & Zip

239-775-7519

Daytime Telephone number

bemar35@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Belmon Upholstery Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

7437 Emilia Ln.Naples Fl.34114

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Upholstery furniture

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Marius Belanger, pres.**

Name and Title: _____

Address

7437 Emilia Ln.Naples Fl34114

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

APPROVED
AND
FILED (cont.)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

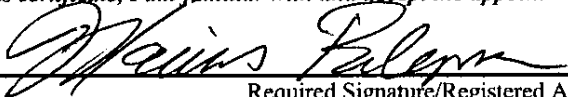
Name: Marius Belanger
Address: 7437 Emilia Ln.
Naples Fl. 34114

ARTICLE VII INCORPORATOR

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

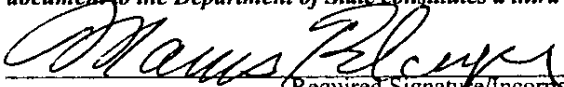
Name: Marius Belanger
Address: 7437 Emilia Ln.
Naples Fl. 34114

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

6/11/14
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.


Required Signature/Incorporator

6/11/14
Date