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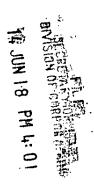
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2014

PENNY RAMSEY 625 TAMIAMI TRAIL, N., STE J NOKOMIS, FL 34275

SUBJECT: BLS DESIGN & DRAFTING, INC.

Ref. Number: W14000013349

We have received your document for BLS DESIGN & DRAFTING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator must sign.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 614A00009318

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COVER LETTER

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

SUBJECT: BLS Design & Drafting, 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	□ \$ 78.75	■ \$87.50		

□ \$70.00 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

Certificate of Status

Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

M	Penny Ramsey	
KOIVI.	Name (Printed or typed)	
	625 Tamiami Trail, N., Ste J	
	Address	
	Nokomis, FL 34275	
	City, State & Zip	
	941-445-4650	
	Daytime Telephone number	
	blsdrafting@msn.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)

The name of the corpora	tion shall be: BLS Design & Di	raπing, inc.	
ARTICLE II PRI	NCIPAL OPPICE Principal street address	. Mailing address, if	'different is:
625 Tamiami		625 Tamiami Tr	
Ste. J		Ste. J	-
Nokomis, FL	34275	Nokomis, FL 34	1275
The purpose for which t	POSE he corporation is organized is: Archite	ectural Design & Draf	ting
· · · · · · · · · · · · · · · · · · ·			
The number of shares of	stock is: 100		
	<u>rial officers and/or directo</u> Penny Ramsey, Pres./ Owne		
Name and Title	625 Tamiami Trail, N.	Name and Title	
Address		Address:	<u> </u>
	Ste. J		<u> </u>
	Nokomis, FL 34275		
Nama and Title	:	Nome and Title:	P P P P P P P P P P
•			
Address		Address:	- 3.5
			
Name and Title	:	Name and Title:	
Address		Address:	,
		 	

Name and	d Title:	Name and Title:			
Address		Address:			
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:			
Name:	Penny Ramsey	_			
Address:	625 Tamiami Trail, N. Ste. J				
	Nokomis, FL 34275				
ARTICLE VII	INCORPORATOR	JUN ISSE			
The name and address of the Incorporator is:		8 77			
Name:	Penny Ramsey				
Address:	625 Tamiami Trail, N. Ste. J				
	Nokomis, FL 34275				
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					
Ramy S. Roemsey 4/28/14 2/20/14					
	Required Signature/Registered Agent	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.					
The state of the Department of State Constitutes a tima active general as provincia for in soci 1100, 1100					
Required Signature/Incorporator Date					