P140000055108

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT] MAIL			
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of State	us			
Special Instructions to Filing Officer:				
	İ			
	ļ			
	1			

Office Use Only



100261532791

06/23/14--01050--017 **70.00

SECRETARY OF STATE

AND

IH

COVER LETTER

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

_{subject:} Nar	ncy Bostock Ente		
	(PROPOSED CORPORA	ATE NAMÉ – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	I 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 CO	PY REQUIRED
FROM: N	lancy Bostock	e (Printed or typed)	
1	1160 4th St E		
		Address	
T	reasure Island, F		
	·	, State & Zip	
7:	272154006		
	Daytime	relephone number	
<u>N</u>	ancyBostock2@	gmail.com	
	E-mail address: (to be use	ed for future annual report i	notification)

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

APPROVEL AND ii) FILED ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

PATICLE I NA	ME, Nancy Bostock	Enterprises Juc 23 PM 3: 49
<u>eticle II - PR.</u> 1160 4th S	INCIPAL OFFICE Principal street address	Mai SECRETARY COMESTATE
	land, FL 33706	
RTICLE III PUF e purpose for which	RPOSE the corporation is organized is: Any a	nd all lawful business.
	<i>TIAL OFFICERS AND/OR DIRECTOR</i> e: Nancy Bostock, P, VP, S, T	_
RTICLE V INI	tial officers and/or director e: Nancy Bostock, P, VP, S, T 11160 4th St E	_
RTICLE V INI Name and Titl	tial officers and/or director Nancy Bostock, P, VP, S, T	Name and Title:
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Nancy Bostock, P, VP, S, T 11160 4th St E Treasure Island, FL 33706	Name and Title:
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Nancy Bostock, P, VP, S, T 11160 4th St E Treasure Island, FL 33706	Name and Title: Address: Name and Title: Address:
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Nancy Bostock, P, VP, S, T 11160 4th St E Treasure Island, FL 33706	Name and Title: Address: Name and Title: Address:



	•		14 JUN 23 PM 3: 49
Name and	! Title:	_ Name and Title:	
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) c	of the registered agent	is:
Name:	Nancy Bostock		
Address:	11160 4th St E	_	
	Treasure Island, FL 33706		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Nancy Bostock	_	
Address:	11160 4th St E		
	Treasure Island, FI 33706	_	
	ned as registered agent to accept service of proces on familiar with and accept the appointment as re		
y	my Bostock		6/12/2014
	Refuired Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware th	
<u></u>	my Bostock		6/12/2014
	Required Signature/Incorporator		Date