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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		10
(Cit	y/State/Zip/Phone	₹#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETATION STATEMENT OF STATEM

14 AUG -8 PH 2: 25



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COVER LETTER

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

SUBJECT: B &	L PRODUCE (CARRIER INC	
	(PROPOSED CORPO	DRATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the	articles of incorporation and	d 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	DET REQUIRED
FROM:	EORGE R. LE		
76	506 MELBA TR	ame (Printed or typed)	
		Address	
<u></u>	EYSTONE FL	State & Zip	
40	07-288-8187		
	Daytim	ne Telephone number	
	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)

	ICIPAL OFFICE Principal <u>street</u> address TRAIL	_	Mailing address, if different is: 21NW 241 ST	
YSTONE	FL 32656	LAWTEY F	L 32058	
ICLE III PURI	POSE ALL P	URPOSE		
urpose for which th	POSE ne corporation is organized is: ALL P	0, 1, 002	E	H RUU
	<u>, and displication of the state of the sta</u>		505	ر ا ا
			Alc.	-
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			- Qn	(
ICLE IV SHA umber of shares of s	stock is: I STAL OFFICERS AND/OR DIRECTOR	≈		
ICLE V INIT Name and Title	NAL OFFICERS AND/OR DIRECTOR GEORGE R LEWIS	RS Name and Title:		
umber of shares of s	stock is: I STAL OFFICERS AND/OR DIRECTOR			
ICLE V INIT Name and Title	TAL OFFICERS AND/OR DIRECTOR GEORGE R LEWIS 7606 MELBA TRAIL	Name and Title:		
Name and Title	TAL OFFICERS AND/OR DIRECTOR GEORGE R LEWIS 7606 MELBA TRAIL	Name and Title: Address:		
Name and Title	AL OFFICERS AND/OR DIRECTOR GEORGE R LEWIS 7606 MELBA TRAIL KEYSTONE FL 32656	Name and Title: Address: Name and Title: Address:		
Name and Title:	AL OFFICERS AND/OR DIRECTOR GEORGE R LEWIS 7606 MELBA TRAIL KEYSTONE FL 32656	Name and Title: Address: Name and Title: Address:		
Name and Title: Address	AL OFFICERS AND/OR DIRECTOR GEORGE R LEWIS 7606 MELBA TRAIL KEYSTONE FL 32656	Name and Title: Address: Name and Title: Address:		

Name ar	nd Title:	Name and Title:		-
Address	s	Address:		- -
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) or	f the registered agent is:		
Name:	GEORGE R LEWIS		•	
Address:	7606 MELBA TRAIL		で	
	KEYSTONE FL 3256	-	₹ 5.	
ARTICLE VII The name and a Name: Address:	ddress of the Incorporator is: GEORGE R LEWIS 7606 MELBA TRAIL	-	-8 PM 2:25	
	KEYSTONE FL 3256	-		
	med as registered agent to accept service of process am familiar with and accept the appointment as regional to the appointm	ristered agent and agree to act in this		in
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon		rmation submitted in	a a
Llarg	Required Signature/Incorporator		7) 6 14 Date	-