

P14000092131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

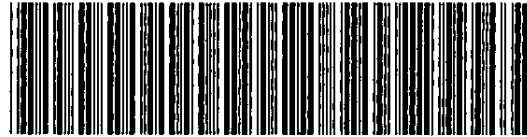
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 10 PM 2:33

APPROVED
AND
FILED

11/11

COVER LETTER

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

SUBJECT: BMC Events 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: BMC Events Inc
Name (Printed or typed)

9035 Quail Creek Dr
Address

Tampa FL 33647
City, State & Zip

727-501-4447
Daytime Telephone number

bmcbrightmedia@gmail.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:

BMC Events Inc

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9035 Quail Creek Dr
Tampa FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce community events

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Donya Deluca

Name and Title:

Address

9035 Quail Creek

Address:

Drive

Tampa FL 33647

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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AND
FILED

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

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: Donya Deluca
Address: 9035 Quail Creek Dr
Tampa FL 33647

ARTICLE VII INCORPORATOR

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

Name: Donya Deluca
Address: 9035 Quail Creek Dr
Tampa FL 33647

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

Donya Deluca
Required Signature Registered Agent

11/4/14
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.

Donya Deluca
Required Signature Incorporator

11/4/14
Date