

P15000000516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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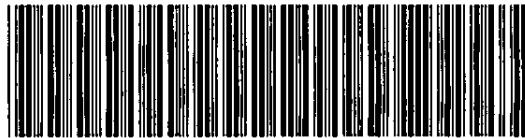
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 JAN -2 PM 3:30

01/05/15

COVER LETTER

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

SUBJECT: **BCSLM 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: **LESLIE A MELVILLE**

Name (Printed or typed)

6490 WALKERS GLEN COURT

Address

LAKELAND, FL 33813

City, State & Zip

8636443526

Daytime Telephone number

lesliemel5@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)

ARTICLE I NAME

The name of the corporation shall be: BCSLM INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6490 WALKERS GLEN COURT
LAKELAND, FLORIDA 33813

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WINDOW SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESLIE A MELVILLE/PRESIDENT

Name and Title: _____

Address 6490 WALKERS GLEN COURT
LAKELAND, FL 33813

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

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

Name: LESLIE A MELVILLE
Address: 6490 WALKERS GLEN COURT
LAKELAND, FLORIDA 33813

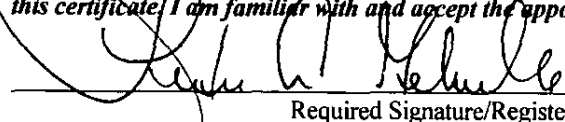
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LESLIE A MELVILLE
Address: 6490 WALKERS GLEN COURT
LAKELAND, FLORIDA 33813

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

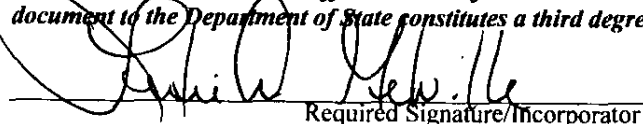


Required Signature/Registered Agent

12/30/2014

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

12/30/2014

Date