

P 15000032745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

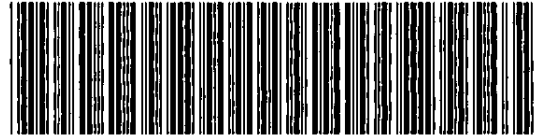
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271291461

04/06/15--01028--005 **78.75

FILED
15 APR -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/15

COVER LETTER

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

SUBJECT: **Bodden Electric, 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: **Emil Bodden**

Name (Printed or typed)

14920 SW 82nd Lane Unit 202

Address

Miami, FL 33193

City, State & Zip

(305) 796-3590

Daytime Telephone number

emilbodden@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
15 APR -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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 Bodden Electric, Inc.
The name of the corporation shall be: _____

FILED

15 APR -6 PM 12: 30

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: _____
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14920 SW 82nd Lane

Unit 202

Miami, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Electrical Contractor

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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:

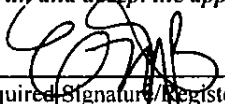
Name: Emil Bodden
Address: 14920 SW 82nd Lane Unit 202
Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emil Bodden
Address: 14920 SW 82nd Lane Unit 202
Miami, FL 33193

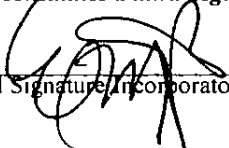
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/01/2015
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

04/01/2015
Date

FILED
15 APR -6 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA