## P15000035288

(Re	equestor's Name)			
(Address)				
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W15-2	3726			





200271087762

04/01/15--01009--005 \*\*70.00





Office Use Only

IA

## **COVER LETTER**

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

SUBJECT: B.L.	ynn Manageme	ent, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u> )
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM: B	rooke Girley	e (Printed or typed)	
13	350 Vickers Lal	ke Drive	
<u>0</u>	coee, FL 3476		
40	07-538-8835	State & Zip	
	•	•	

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

b.lynncorp@gmail.com

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



April 6, 2015

BROOKE GIRLEY 1350 VICKERS LAKE DRIVE OCOEE, FL 34761

SUBJECT: B.LYNN MANAGEMENT, INC.

Ref. Number: W15000023726

We have received your document for B.LYNN MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Registered Agent's name exactly as it is on our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00006818

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

The name of the corporati	E B.Lynn Managen	nent, Inc.	15 APR 16 PH 4
	ICIPAL OFFICE		Mailing address, if SECRET THRY OF STATE BOX 314
	Principal street address		Mailing address, if all the start of the corn
1350 Vickers	Lake Drive	<u>P.O.</u>	Box 314 TLAHASSEE, FLORI
Ocoee, FL 34	1761	Clarc	ona, FL 32710
	POSE e corporation is organized is: Ning the needs of a diver		
	oublic speakers.	Se Cherne	e trial includes artists,
ARTICLE V INIT	tock is: 100  IAL OFFICERS AND/OR DIRECTOR:		
	Brooke Girley, President/CEO		Phyllis Girley, Secretary
	1350 Vickers Lake Drive		1350 Vickers Lake Drive
Address _	Ocoee, FL 34761	Address:	Ocoee, FL 34761
Name and Title:		Name and Title	
Address		Address:	
ridu vos		2 radioss.	
Name and Title:		Name and Title	
Address		Address:	



## 15 APR 16 PM 4: 16

Name and	l Title:	Name and Title:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address		Address:	ALLAHASSEE FLORIDA
		<del>.,</del>	<u> </u>
ARTICLE VI	REGISTERED AGENT		
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	•	
Name:	The Girley Law Firm P, A	•	
Address:	125 East Marks Street		
	Orlando, FL 32803		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Brooke Girley		
Address:	1350 Vickers Lake Drive		
	Ocoee, FL 34761		
Having been nam this certificate, I a	led as registered agent to accept service of process um familiar with and accept the appointment as reg	for the above stated co istered agent and agree	rporation at the place designated in to act in this capacity
Total to discontinu	Required Signature/Registered Agent	I disat	Date
i suomii inis doci documentio the L	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felon	true. 1 am aware that t y as provided for in s.81	ne jaise injormation suomittea in a 17.155, F.S.
Thall	Required Signature/Incorporator	<del></del>	3-27-15 Date