

P15000050060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

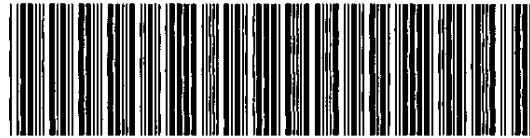
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P.

Office Use Only



400273475624

06/08/15--01042--007 **87.50

FILED
15 JUN - 8 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN 10 10:10

COVER LETTER

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

SUBJECT: Bild-It 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Natalie Concors
Name (Printed or typed)

11501 Bacon St
Address

Orlando, FL 32817
City, State & Zip

(858) 342-8821
Daytime Telephone number

bilditinc@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)

ARTICLE I NAME

The name of the corporation shall be: Bild-It Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
11501 Bacon St
Orlando Fl 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Design and Technology

ARTICLE IV SHARES

The number of shares of stock is: 10000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natalie Concors, CEO Name and Title: _____

Address 11501 Bacon St Address: _____

Orlando, Fl 32817

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
15 JUN -8 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Natalie Concors
Address: 11501 Bacon St
Orlando, FL 32817

FILED
15 JUN -8 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Natalie Concors
Address: 11501 Bacon St
Orlando, FL 32817

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

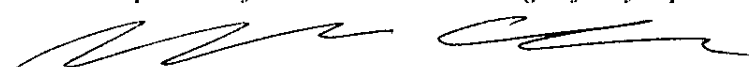


Required Signature/Registered Agent

06/03/15

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

06/03/15

Date