(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W15	-4483	<u>3</u>



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Office Use Only

COVER LETTER

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

SUBJECT:	BS ALIVE	Constructi	ion Services ,	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED			
FROM: James Beckley Name (Printed or typed)				
2506 Brucken rd Address				
Brandon FL. 33511 City, State & Zip				
813 - 9 27 - 5 3 41 Daytime Telephone number				
	heckley 333	@amil.	COM	

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

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



July 1, 2015

JAMES E BECKLEY III 2506 BRUCKEN RD BRANDON, FL 33511

SUBJECT: B5 ALIVE CONSTRUCTION SERVICES INC

Ref. Number: W15000044833

We have received your document for B5 ALIVE CONSTRUCTION SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Teresa Brown Regulatory Specialist II

Letter Number: 515A00013820

Division of Compositions DO POV 6297 Tellahassas Florida 29214

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

	<u>CIPAL OFFICE</u>		
	Principal street address	Mail 	ing address, if different is:
3901 Per	rod lane	2506	Brucken rd
Valrico,	FL 33596	Bran	don, FL. 33511
RTICLE III PURP he purpose for which	OSE the corporation is organized is:	anstruction	Services
Sales, M	arketing, Starffin	9)	
		<i></i>	4. 1
			SEP I
			T.
			F. 9.
		•	9. 19.
RTICLE IV SHAR			V
ne named of shares o	1 Stock 15.		
	AL OFFICERS AND/OR DIRECTORS		
Name and Titl		_1_	
	e: Jomes Beckley-Paside		
Address	3901 Penrad lane	Address:	
		Address:	
Address	Jahrico, FL 33596	Address:	
Address Name and Title	3901 Penrad lane Valrica, FL 33596	Address:	
Address	3901 Penrad lane Valrica, FL 33596	Address: Name and Title: Address:	
Address Name and Title	3901 Penrad lane Valrica, FL 33596	Address: Name and Title: Address:	
Address Name and Title Address	3901 Penrad lane Valrica, FL 33596	Address: Name and Title: Address:	
Address Name and Title Address	3901 Penrad lane Valrica, FL 33596	Address: Name and Title: Address: Name and Title:	

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	x NOT acceptable) of the registered agent is:
_	
Name: James Beel Address: 2506 Brucker	rd
Brandon, FL	33511
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: James Bea	elley
Name: James Bea	ken rd
Brandon Fl	. 33511
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be days after the filing.)	. (OPTIONAL) e specific and cannot be more than five business days prior or 90 business
-	t meet the applicable statutory filing requirements, this date will not be listed a at of State's records.
. Having been named as registered agent to acce	ept service of process for the above stated corporation at the place designated
	e appointment as registered agent and agree to act in this capacity
Required Signature/R	20eg 8-26-15
I submit this document and affirm that the fac	cts stated herein are true. I am aware that the false information submitted in
document to the Department of State constitutes	s a third degree felony as provided for in s.817.155, F.S.
Reguired Signature/Incorporator	8-26-15 Date
Comment Digital at Interpretation	d same

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