

P15000084543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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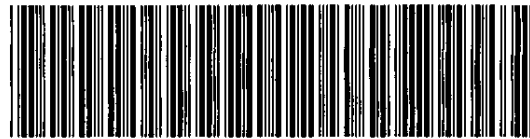
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT -8 PM 3:50

COVER LETTER

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

SUBJECT: Flying Bacon, 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: Benedict A. Richie
Name (Printed or typed)
105 Tropic Isle Drive, Unit 21
Address
Delray Beach, FL 33483
City, State & Zip
410-829-5615
Daytime Telephone number
benedictrichie@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

Flying Bacon, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 Tropic Isle Drive, Unit 21

same

Delray Beach, FL 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ to perform various residential real estate rehab tasks and to perform other legal activities in an effort to generate income.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benedict A. Richie, President

Name and Title: n/a

Address: 105 Tropic Isle Drive, Unit 21

Address: _____

Delray Beach, FL 33483

Name and Title: n/a

Name and Title: n/a

Address: _____

Address: _____

Name and Title: n/a

Name and Title: n/a

Address: _____

Address: _____

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Name and Title: n/a Name and Title: n/a
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Benedict A. Richie
Address: 105 Tropic Isle Drive, Unit 21
Delray Beach, FL 33483

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ARTICLE VII INCORPORATOR

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

Name: Benedict A. Richie
Address: 105 Tropic Isle Drive, Unit 21
Delray Beach, FL 33483

ARTICLE VIII EFFECTIVE DATE: September 29, 2015

Effective date, if other than the date of filing: _____. (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

9/29/2015

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

9/29/2015

Date