

PI 50000 87116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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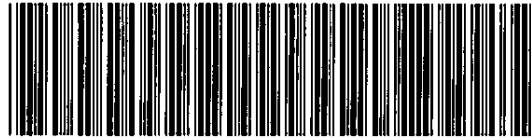
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OCT 23 2015

R. SCOTT



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15 OCT 13 AM 8:56

COVER LETTER

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

SUBJECT: BMC Strategies, 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: Barbara L. Bennett

Name (Printed or typed)

6017 Pine Ridge Rd. #79

Address

Naples, FL 34119

City, State & Zip

401-524-5538

Daytime Telephone number

bbennettesq9@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: BMC Strategies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

157 Edgemere Way S.

Naples, FL 34105

Mailing address, if different is:

6017 Pine Ridge Rd. #79

Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all lawful purposes.

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ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara L. Bennett, Dir.

Address: 6017 Pine Ridge Rd. #79

Naples, FL 34119

Name and Title: Jennifer Vear Hoy, Dir.

Address: 6017 Pine Ridge Rd. #79

Naples, FL 34119

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

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: REGISTERED AGENTS INC
Address: 3030 N. Rocky Point Dr, STE 150A
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara L. Bennett
Address: 6017 Pine Ridge Rd. #79
Naples, FL 34119

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



Bill Havre - President

Required Signature/Registered Agent

Oct. 9, 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

Oct. 9, 2015

Date