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COVER LETTER

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

SUBJECT: Bulk Solutions Management Company, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Donald J. Armagost

Name (Printed or typed)

4040 Waring Road

Address

Lakeland, FL 33811

City, State & Zip

863-248-1136

Daytime Telephone number

darmagost@bulksol.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: Bulk Solutions Management Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4040 Waring Road

Lakeland, FL: 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide management and consulting services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Breck W. Reed, Pres./CEO

Address: 4040 Waring Road

Lakeland, FL 33811

Name and Title: Samuel W. Laneave, CFO

Address: 4040 Waring Road

Lakeland, FL 33811

Name and Title: Donald J. Armagost, VP

Address: 4040 Waring Road

Lakeland, FL 33911

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Samuel W. Laneave _____

Address: 4040 Waring Road _____

Lakeland, FL 33811 _____

ARTICLE VII INCORPORATOR

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

Name: Donald J. Armagost _____

Address: 4040 Waring Road _____

Lakeland, FL 33811 _____

ARTICLE VIII EFFECTIVE DATE:

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

November 19, 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

November 19, 2015

Date