

P50005500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

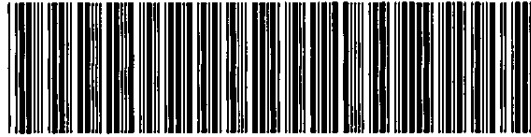
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279801467

12/10/15--01023--014 **70.00

FILED

15 DEC 10 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Beaconia Holdings 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: James B Woods
Name (Printed or typed)

2076 Par Dr
Address

Naples FL 34120
City, State & Zip

239-352-6112
Daytime Telephone number

blairoid2002@yahoo.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: Beaconia Holdings Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2076 Par Dr

SAME

Naples FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James B Woods, President

Name and Title: _____

Address: 2076 Par Dr

Address: _____

Naples FL 34120

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
15 DEC 10 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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: James B Woods
Address: 2076 Par Dr
Naples FL 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James B Woods
Address: 2076 Par Dr
Naples FL 34120

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 1, 2016 (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

James B. Woods
Required Signature/Registered Agent

11/23/15
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.

James B Woods
Required Signature/Incorporator

11/23/15
Date