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16 JUN 14 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: B K K DISTRIBUTION 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: TIMOTHY A HARTMAN
Name (Printed or typed)

120 OAK VIEW PLACE
Address

SANFORD, FL 32773
City, State & Zip

386-837-7565
Daytime Telephone number

KARSEN24@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: B K K DISTRIBUTION INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

120 OAK VIEW PLACE

SANFORD, FL 32773

Mailing address, if different is:

120 OAK VIEW PLACE

SANFORD, FL 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY A HARTMAN

Name and Title: _____

Address 120 OAK VIEW PLACE

Address: _____

SANFORD, FL 32773

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: TIMOTHY A HARTMAN
Address: 120 OAK VIEW PLACE
SANFORD, FL 32773

ARTICLE VII INCORPORATOR

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

Name: TIMOTHY A HARTMAN
Address: 120 OAK VIEW PLACE
SANFORD, FL 32773

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

X _____ 06-07-2016
Required Signature/Registered Agent 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.

X _____ 06-07-2016
Required Signature/Incorporator Date