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KRISJOENNA

PAGE 01

8/27/2018

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I2008000033
Phone : (305)644-3055
Fax Number : (305)644-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

16 JUN 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
BE&M SOLUTIONS, INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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COVER LETTER

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

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

FROM: MERLY E PRIMERA
Name (Printed or typed)

14050 BISCAYNE BLVD 2019
Address

NORTH MIAMI, FLORIDA 33181
City, State & Zip

(305) 2449525
Daytime Telephone number

KJESERVICES@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 NAMEThe name of the corporation shall be: BE&M SOLUTIONS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14050 BISCAYNE BLVD 209NORTH MIAMI, FL. 33181**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MERLY E PRIMERA - PRESIDENT

Name and Title: _____

Address: 14050 BISCAYNE BLVD 209

Address: _____

NORTH MIAMI, FL. 33181Name and Title: BETTY APONTE - VICE PRESIDENT

Name and Title: _____

Address: 14050 BISCAYNE BLVD 209

Address: _____

NORTH MIAMI, FL. 33181

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ENNA DIEPPA
Address: 2141 SW 1ST SUITE 110
MIAMI, FL. 33135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MERLY E PRIMERA
Address: 14050 BYSCAYNE BLVD 209
NORTH MIAMI, FL. 33181

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/27/2016 (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

Required Signature/Registered Agent
06/27/2016
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
06/27/2016
Date