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DEPARTMENT OF STATE
16 JUN 29 PM 2:57
TALLAHASSEE, FLORIDA

6/29/16

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16 JUN 29 PM 2:57

COVER LETTER

SEALING & FILING
TALLAHASSEE, FLORIDA

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

SUBJECT: Bumpas Local 349 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: ALBERTO E AGRAMONTE
Name (Printed or typed)

1515 ESCADRILLE Dr.
Address

TALLAHASSEE Florida 32308
City, State & Zip

(850) 251-7793
Daytime Telephone number

Gordos 79 @ 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
AND
FILED

ARTICLES OF INCORPORATION

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

16 JUN 29 PM 2:57

ARTICLE I NAME

The name of the corporation shall be: Bumpas Local 349 Inc

STATE OF FLORIDA
TALLAHASSEE

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2738 CAPITAL Circle NE
TALLAHASSEE FL 32308

1515 ESCADRILO Dr.
TALLAHASSEE FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

AGRAMONTE / President

Name and Title: ~~Alberto E. Agramonte~~ / Alberto E. Agramonte

Address: 1515 ESCADRILO Dr.

TALLAHASSEE FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

VT FILING
AND
FILED

16 JUN 23 PM 2:57

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

SECRET
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Alberto E. Aguilante
Address: 1515 ESCADRILLE Dr.
TALLAHASSEE FL 32308

ARTICLE VII INCORPORATOR

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

Name: Alberto E. Aguilante
Address: 1515 ESCADRILLE Dr.
TALLAHASSEE FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/29/16 (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

[Signature]
Required Signature/Registered Agent

6/29/16
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.

[Signature]
Required Signature/Incorporator

6/29/16
Date