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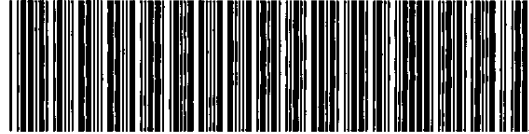
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 14 PM 5:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA
TH
6/29/16

COVER LETTER

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

SUBJECT: Bolden Group Properties, 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: Michael A. Bryant, JD

Name (Printed or typed)

800 NW 33rd Terrace

Address

Lauderhill, FL 33311

City, State & Zip

(954) 588-8802

Daytime Telephone number

mr.mike.bryant@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 OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Bolden Group Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

401 NW 15th Ave.

Fort Lauderdale, FL 33311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A professional corporation for profit.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy L. Bolden, Sr.

Address: 401 NW 15th Ave.
Fort Lauderdale, FL 33311

Name and Title: Rosa M. Bolden, Vice President

Address: 1553 NW 4th Street
Fort Lauderdale, FL 33311

Name and Title: Merdine Mitchell, Director

Address: 2540 NW 16th Street
Fort Lauderdale, FL 33311

Name and Title: Virgil L. Bolden

Address: 1553 NW 4th Street
Fort Lauderdale, FL 33311

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: Michael A. Bryant, JD
Address: 800 NW 33rd Terrace
Lauderhill, FL 33311

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Bryant Legal Solutions, Inc.
Address: 800 NW 33rd Terrace
Lauderhill, FL 33311

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

Michael Bryant 6/7/16
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.

Michael Bryant 6/7/16
Required Signature/Incorporator Date