

P 16 0000062469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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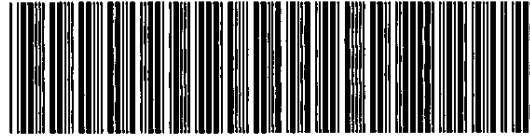
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: J B BIEHL ENTERPRISES, 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: ANGELINE GASTOR
Name (Printed or typed)

3797 LONG LEAF DR
Address

MELBOURNE, FL 32940
City, State & Zip

321-794-0811 (C) 321-757-8485 (D)
Daytime Telephone number

angiegbs@hotmail.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)

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ARTICLE I NAME

The name of the corporation shall be:

J B BIEHL ENTERPRISES

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

101 E COLLEGE AVE SUITE 640
TALLAHASSEE, FL 32301

Mailing address, if different is:

2000 MERCHANT'S ROW BLVD
904

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE OPERATION OF

A GENERAL CONSULTANT FOR A VARIETY OF
BUSINESSES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORDAN P. BIEHL, PRESIDENT Name and Title:

Address

2000 MERCHANT'S ROW BLVD
904

Address:

TALLAHASSEE, FL 32301

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: _____

ANGELINE GASIOR

Address: _____

3197 LONG LEAF DR
MELBOURNE, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

ANGELINE GASIOR

Address: _____

3197 LONG LEAF DR
MELBOURNE, FL 32940

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 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

Angeline Gasior

Required Signature/Registered Agent

6/19/16

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.

Angeline Gasior

Required Signature/Incorporator

6/19/14

Date