P/6000075/19

(F	Requestor's Name)			
(A	(ddress)			
A)	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(É	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
SIVISION OF CORPORATIONS

16 CEP - 6 AMIL: 15

EFFECTIVE DATE 09/01/16

2 09/13/16

COVER LETTER

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

SUBJECT:B	GHSCJN Company		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d 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 o
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	James Rohner		
	Name	e (Printed or typed)	
_	44ll Grassy Point I	Blvd	
	Port Charlotte, Flo	Address orida 33952	
	·		
	City,	State & Zip	
	941-235-2846		
	Daytime T	elephone number	
	acallis@aol.com		
		d 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)

name of the corporati	on shall be: BGHSCJN	oompani,				
TICLE II PRINCI	Principal street address		Mailing a	ddress, if different i	s;	
4411 Gra	assy Point Blvd					
Port Cha	arlotte, Fla. 33	952				
FICLE III PURPOSE purpose for which the	<u>SE</u> e corporation is organized is:	Any and	all lawful	business.		
					ಕ	l
					- 43S	10.010
						2
~				,	를 =	- 5
					<u></u>	=
number of shares of s	S tock is: <u>100</u> LOFFICERS AND/OR DIRE					7
number of shares of s	tock is: 100	<u>CTORS</u>	and Title:			
TICLE V INITIAL Name and Title:	tock is: <u>100</u> LOFFICERS AND/OR DIRE James Rohner_Di	<u>CTORS</u> _r., <u>pr</u> e§lame				
number of shares of s TICLE V INITIAL Name and Title:	tock is: 100	<i>CTORS</i> r., Pre§ ^{jame} Secy nt Blvd Addre				
number of shares of s TICLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRE James Rohner_Di 4411 Grassy Poi Port Charlotte	ctors r., Presiame Secy nt Blvd Addre Fla 33952	SS:			
Name and Title: Name and Title:	tock is: 100 LOFFICERS AND/OR DIRE James Rohner_Di 4411 Grassy Poi	CTORS r., Pre Name Secy nt Blvd Addre Fla 33952 Name	and Title:			
Name and Title: Name and Title:	LOFFICERS AND/OR DIRE James Rohner_Di 4411 Grassy Poi Port Charlotte	CTORS r., Pre Name Secy nt Blvd Addre Fla 33952 Name Addre	and Title:			
number of shares of s FICLE V INITIAL Name and Title: Address Name and Title: Address	James Rohner_Di 4411 Grassy Poi Port Charlotte	CTORS r., Pre Name Secy nt Blvd Addre Fla 33952 Name Addre	and Title:			

Name	and Title:	Name and Title:		
Addro	ess	Address:		
				
	REGISTERED AGENT I Florida street address (P.O. Box NOT acceptable) of	of the registered googs is:		
Name:	James Rohner			ت
Address:	4411 Grassy Point Blvd.	_	16 SI	SECF VISIO
	Port Charlotte, Fla. 33952		£P −6	PART.
<u>ARTICLE VII</u>	I INCORPORATOR			1880 30 A
The name and	address of the Incorporator is:		AM 11: 16	STA
Name:	James Rohner	_	20	STATE ORATIONS
Address:	4411 Grassy Point Blvd.	_		S
	Port Charlotte, Fla. 33952	_		
Effective date,	II EFFECTIVE DATE: if other than the date of filing: Sept. 1, 20 e date is listed, the date must be specific and cannot filing.)	Ol6 (OPTIONAL) of be more than five business days prior or 96	0 busin	ess
Note: If the dathe document's	ate inserted in this block does not meet the applicable seffective date on the Department of State's records.	e statutory filing requirements, this date will not	be liste	ed as
Having been n this certificate,	named as registered agent to accept service of process I am familiar with and accept the appointment as reg	s for the above stated corporation at the place of gistered agent and agree to act in this capacity	designa	ted in
	7. John	8/31/1	6	
	Required Signature/Registered Agent	Date	:	
l submit filis d documents th	locument and affirm that the facts stated herein are se Department of State constitutes a third degree felor	true. I am aware that the false information suny as provided for in s.817.155, F.S.	ıbmittei 1	d in a
1	71. De	8/3/	1/1	<i>-</i>
Req	quired Signature/Incorporator	Dai	ie	 -