P16000091459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

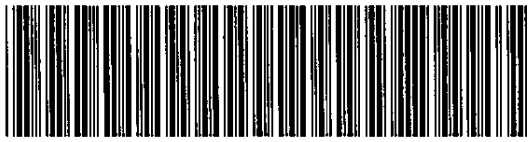
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700291984247

11/14/16--01028--021 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV 14 PM 2:15

11/16/16

COVER LETTER

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

SUBJECT: BLESS CAPITAL DISTRIBUTION, 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: PATRICK D. BLESS
Name (Printed or typed)

1475 N.E. 4TH AVENUE
Address

BOCA RATON, FLORIDA 33432
City, State & Zip

561-302-9331
Daytime Telephone number

Pbless12@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: BLESS CAPITAL DISTRIBUTION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
1475 N.E. 4TH AVENUE
BOCA RATON, FLORIDA 33432

Mailing address, if different is:
1475 N.E. 4TH AVENUE
BOCA RATON, FLORIDA 33432

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO SERVICE AND EDUCATE CLIENTS ON CAPITAL DISTRIBUTION FOR PROFIT

FILED
2016 NOV 17 PM 2:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK D. BLESS PRESIDENT
Address: 1475 N.E. 4TH. AVENUE, BOCA RATON, FLORIDA 33432

Name and Title:
Address:

Name and Title:
Address:

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: PATRICK D. BLESS

Address: 1475 N.E. 4TH AVENUE

BOCA RATON, FLORIDA 33432

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 NOV 14 PM 2:15

ARTICLE VII INCORPORATOR

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

Name: PATRICK D. BLESS

Address: 1475 N.E. 4TH AVENUE

BOCA RATON, FLORIDA 33432

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

_____ 11/8/14
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.

_____ 11/8/14
Required Signature/Incorporator Date