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2016 NOV 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 23 2016

COVER LETTER

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

SUBJECT: Bulz 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 ☐ \$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: Dorel Bulz

Name (Printed or typed)

8014 Hollyridge Rd.

Address

Jacksonville, FL 32256

City, State & Zip

904-813-8042

Daytime Telephone number

dorel_1@yahoo.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: Bulz Enterprises, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8014 Hollyridge Rd.

Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dorel Bulz, President

Name and Title: _____

Address 8014 Hollyridge Rd.

Address: _____

Jacksonville, FL 32256

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED

Name and Title: _____ Name and Title: 2016 NOV 21 AM 9:42
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: Gregory E. Matovina
Address: 2955 Hartley Rd., Suite 108
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

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

Name: Dorel Bulz
Address: 8014 Hollyridge Rd.
Jacksonville, FL 32256


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/17/2016. (OPTIONAL)

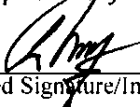
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 11/17/16
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.

 11/17/16
Required Signature/Incorporator Date