

P/70000/8089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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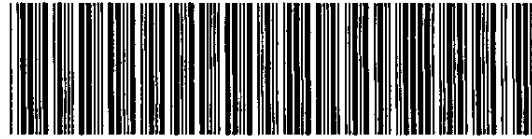
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 27 PM 3:09

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EXPIRATION DATE 03/31/17

02/28/17

COVER LETTER

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

SUBJECT: B P 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: LEONARD GELFOND
Name (Printed or typed)

9000 PARK BLVD. #7
Address

SEMINOLE, FLORIDA, 33777
City, State & Zip

727-410-1613
Daytime Telephone number

Gelfond@Tampabay.rr.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:

BP ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9000 PARK BLVD. #7

SEMINOLE FL. 33777

7

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SERVICE TAXI CARS

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LEONARD GELFOND

Name and Title:

Address

9000 PARK BLVD #7

Address:

SEMINOLE FL 33777

DIRECTOR

Name and Title:

MILDRED GELFOND

Name and Title:

PAT DeFARDINO

Address

9000 PARK BLVD #7

Address:

9000 PARK BLVD #7

SEMINOLE FL. 33777

SEMINOLE FL 33777

DIRECTOR

DIRECTOR

Name and Title:

JEFF GELFOND

Name and Title:

BETH GELFOND

Address

9000 PARK BLVD #7

Address:

9000 PARK BLVD #7

SEMINOLE FL 33777

SEMINOLE FL 33777

DIRECTOR

DIRECTOR

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: Mildred Gelfond
Address: 9000 PARK BLVD #7
SEMINOLE FL 33277

ARTICLE VII INCORPORATOR

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

Name: LEONARD Gelfond
Address: 9000 PARK BLVD #7
SEMINOLE FL 33277

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 31, 2017 (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

Mildred Gelfond
Required Signature/Registered Agent

Feb 22, 2017
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.

Leonard Gelfond
Required Signature/Incorporator

Feb 22, 2017
Date