

P/7000018/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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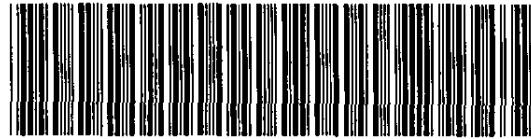
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 02/25/17

02/28/17

COVER LETTER

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

SUBJECT: BESS AUTO SALES, 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: GINA JAMES
Name (Printed or typed)
7493 INTERNATIONAL VILLAGE DRIVE
Address
JACKSONVILLE, FL 32277
City, State & Zip
(904) 288-1254
Daytime Telephone number
Ginaj1254@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)

ARTICLE I NAME

The name of the corporation shall be: BESS AUTO SALES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2062 UNIVERSITY BLVD. N.

SAME

JACKSONVILLE, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUYING, REPAIRING, AND SELLING NEW AND/OR USED CARS IN FLORIDA, ACROSS THE UNITED STATES, AND ABROAD.

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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: GINA JAMES, PRESIDENT

Name and Title: ANTOINE JOSEPH, VICE PRESIDENT

Address 7493 INTERNATIONAL VILLAGE DR.
JACKSONVILLE, FL 32277

Address: 7493 INTERNATIONAL VILLAGE D
JACKSONVILLE, FL 32277

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: _____ GINA JAMES

Address: _____ 7493 INTERNATIONAL VILLAGE DRIVE

_____ JACKSONVILLE, FL 32277

ARTICLE VII INCORPORATOR

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

Name: _____ GINA JAMES

Address: _____ 7493 INTERNATIONAL VILLAGE DRIVE

_____ JACKSONVILLE, FL 32277

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ FEBRUARY 25, 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



Required Signature/Registered Agent

FEBRUARY 15, 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.



Required Signature/Incorporator

FEBRUARY 15, 2017

Date