

P17 000037781

(Requestor's Name)

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(Business Entity Name)

(Document Number)

Certified Copies _____

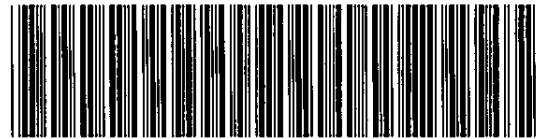
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

APR 27 2017



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04/26/17--01032--009 **70.00

FILED
17 APR 25 PM 2:56
NOTED
11:11 AM 4/26/17

COVER LETTER

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

SUBJECT: BPGCND, 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: Pete Kratzenberg

Name (Printed or typed)

P.O. Box 1061

Address

Palm Harbor, FL 34682

City, State & Zip

727-480-5626

Daytime Telephone number

petek6@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: BPGCND, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3638 131st Street N

P.O. Box 1061

Clearwater, FL 33762

Palm Harbor, FL 34682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business activities allowed by Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pete Kratzenberg, President

Name and Title: _____

Address P.O. Box 1061

Address: _____

Palm Harbor, FL 34682

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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17 APR 26 PM 2:56
CLERK OF CIRCUIT COURT
PALM HARBOR, FL

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: Juan Pacheco

Address: 3638 131st Street N

Clearwater, FL 33762

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ARTICLE VII INCORPORATOR

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

Name: Pete Kratzenberg

Address: P.O. Box 1061

Palm Harbor, FL 34682

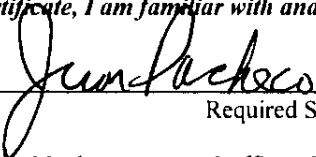
ARTICLE VIII EFFECTIVE DATE:

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 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

03/20/17

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

03/20/17

Date