

P17000094108

(Requestor's Name)

Mr. William Nugent  
4909 Creekside Trl  
Sarasota, FL 34243

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-91022

Office Use Only



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11/14/17--01028--010 \*\*105.00

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17 NOV 27 PM 12:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Conversion  
cover letter  
removed,  
please process.*

November 15, 2017

KAREN NUGENT  
4909 CREEKSIDE TRAIL  
SARASOTA, FL 34243

SUBJECT: BN PARTNERSFL, INC  
Ref. Number: W17000091022

We have received your document for BN PARTNERSFL, INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive your complete document, page 1 of certificate of conversion was missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist III

Letter Number: 117A00023120

**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: ~~BN Partners, Inc~~ BN PartnersFL, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

4909 Creekside Trail  
Sarasota, FL 34243

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

any and all lawful business

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CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William Nugent,

Name and Title: \_\_\_\_\_

Address: 4909 Creekside Tr

Address: \_\_\_\_\_

Sarasota, FL 34243

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: Karen Nugent  
Address: 4909 Creekside Tr  
Sarasota, FL 34243

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen Nugent  
Address: 4909 Creekside Tr  
Sarasota, FL 34243

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DEPARTMENT OF STATE  
TALLAHASSEE, FL 32309

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*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*

Karen Nugent  
Required Signature/Registered Agent

11/10/2017  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Karen Nugent  
Required Signature/Incorporator

11/10/2017  
Date