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FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

BKND NOW CORP

mf@serberlawfirm.com

SUBJECT:			
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:
■ \$70.0 Filing Fo		□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of
		ADDITIONAL CO	
FROM	Maya Frenkiel		
i KOM.		ime (Printed or typed)	
	2875 NE 191st Street Suite 801		
		Address	
	Aventura, FL 33180		
	Ci	ty, State & Zip	
	305-932-6262		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the benefit c	BKND NOW (orporation shall be:	CORP	
	IPAL OFFICE Principal <u>street</u> address	٨	Mailing address, if different is:
18660 Collins Ave., S	uite 107	- <u> </u>	
Sunny Isles Beach, Fl	., 33160		
The corporation elects to The purpose for which the	STATEMENT AND BUSINESS be a benefit corporation in accord the corporation is organized is to cre engage in any activity or busine	lance with s. 607.603. F.S. eate a general public beneft	
and the State of Floric	 	·	
<u> </u>		· ·	· · · · ·
			
follows (optional):	fic public benefit(s) to be created by assisting other entities to do		ion to its general purpose) is/are as
		· · · · · · · · · · · · · · · · · · ·	7 2 8 SS
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	!	,	English Control
ARTICLE IV SHARE The number of shares of			
<u>ARTICLE V INITIA</u>		NEFIT DIRECTOR AND I	BENEFIT OFFICER (if Applicable)
Name and Title	Fortuna Ludmir - Director :	Name and Title:	Fortune Levy - Director 18660 Collins Ave., Suite 107
Address	Sunny Isles Beach, FL, 33160	Address:	Sunny Isles Beach, FL, 33160
	- Conny Islas Badan, 1 2, 00 100	<u> </u>	
Name and Title:		Name and Title	
Address		Address:	

Name	e and Title:	Name and Title:	
Addı	ress	Address:	
	-VL1. DPMCPT DIDECTOD.	If and look to DENIEUT OFFICER.	
	olicable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:	
Name	ė:	Name:	_
Addi	ress	Address:	
			
			
ADTICLE 1/1	I REGISTERED AGENT		
<i>ARTICLE VI</i> The <u>name an</u>	d Florida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name:	Fortuna Ludmir		
Address:	18660 Collins Ave., Suite 107		
Tradit Cops.	Sunny Isles Beach, FL, 33160	NOV ALL AR	
<u>ARTICLE VI</u>	II INCORPORATOR	· · · · · · · · · · · · · · · · · · ·	
The <u>name an</u>	d address of the Incorporator is:	200	į
Name:	Daniel J. Serber, Esq.	FLORIDA	
Address:	2875 NE 191st Street, Suite 801	- GA	
	Aventura, FL, 33180		
<u>ARTICLE VI</u>	III ADDITIONAL QUALIFICATIONS OF BE	ENEFIT DIRECTOR, IF ANY:	
	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
			
		rocess for the above stated corporation at the place designa as registered agent and agree to act in this capacity	ited i
		11/12	בו
	Required Signature/Registered Ager	nt Date	
	document and affirm that the facts stated herei the Department of State constitutes a third degree	n are true. I am aware that the false information submitte e felony as provided for in s.817.155, F.S.	d in
		11/22/1	7
	Required Signature/Incorporator	Date	•

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