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(Business Entity Name)

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2018 OCT 22 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

REC FILED
18 OCT 22 PM 3:42
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COVER LETTER

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

SUBJECT: Beard Symbol 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Christopher Siddhartha Sheppard
Name (Printed or typed)

564 Oakland Ave Apt A2
Address

Tallahassee, FL, 32301
City, State & Zip

(754) 244-3888
Daytime Telephone number

CSheppard086@gmail.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: Beard Symbol INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

564 Oakland Ave Apt A2
Tallahassee FL, 32301

← Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Sheppard Name and Title: _____

Address: Chairman and CEO Address: _____

564 Oakland Ave Apt A2

Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2018 OCT 22 PM 3:55
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TALLAHASSEE, FLORIDA

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: Christopher Sheppard

Address: 564 Oakland Ave Apt A2
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

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

Name: Christopher Sheppard

Address: 564 Oakland Ave Apt A2
Tallahassee FL 32301

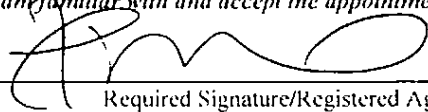
ARTICLE VIII EFFECTIVE DATE:

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

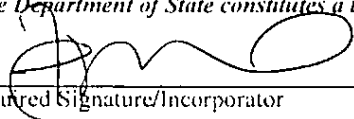


Required Signature/Registered Agent

10-22-2018

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

10-22-2018

Date