

PI9000080426

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION BEE FAB CORP

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TX Result Report

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10/25/2019 14:23

Serial No. AA6TD11003486

TC: 28372

Addressee	Start Time	Time	Prints	Result	Note
0506176381	10-25 14:22	00:00:41	004/004	OK	

Note: The Timer TX, Polling, ORG:Original Size Setting, FME:Frame Error Tx:
 Time Page Separation FAX: Unkipped Original G/Tx Call Manual 80 csec Escal
 IP Code Rtx RS-Tx Mv-Relay Max:Confidential BOL:Bulletin Str-Str Pax:
 IP Address Fax I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: AX from TEL NB: Other Error, Cont: Continue, No Ans: No answer,
Refuse: Receipt Refused, Busy: Busy, M-Full: Memory Full, LOVR: Receiving length over,
DOVR: Receiving page over, FIC: File Error, OCID: Decode Error, MNR: MNR Response Error,
DSN: DSN Response Error, PRINT: Compulsory Memory Document Print,
DEL: Compulsory Memory Document Delete, SEND: Compulsory Memory Document Send.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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JPL 5000 31 56983 A/B/C3

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To:

Division of Corporations
Fax Number : (858) 617-6381

From:

ACCOUNT NAME : BLUEPRINT/EXCELSION CORPORATE SERVICES, INC.
ACCOUNT NUMBER : 07535008353
PHONE : (800) 721-2972
FAX NUMBER : (718) 889-7420

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

BEE FAB CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

2nd Request



October 25, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/ EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: BEE FAB CORP
REF: W19000094692

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

Shondreka M Bellenger
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000315698
Letter Number: 119A00022076

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: BEH FAB CORP

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

12051 FOREST PARK CIRCLE12051 FOREST PARK CIRCLEBRADENTON FL 34211BRADENTON FL 34211**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: FABRIZIO UBERTI BONA - DIRECTOR

Name and Title: _____

Address: 12051 FOREST PARK CIRCLE

Address: _____

BRADENTON FL 34211

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: FABRIZIO UBERTI BONA
 Address: 12051 FOREST PARK CIRCLE
BRADENTON FL 34211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FABRIZIO UBERTI BONA
 Address: 12051 FOREST PARK CIRCLE
BRADENTON FL 34211

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

10/16/2019

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

10/16/2019

Date