

19000080471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

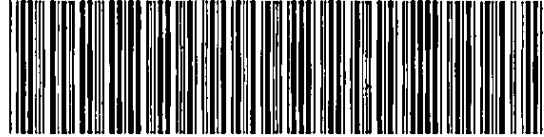
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190000

03/29/2019

F. SCOTT



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07/25/19--01013--016 **78.75

SECRETARY OF STATE
FALL CHASSEER PI 06107

2019 OCT 28 PM 12:54

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

AHMED ELHELW
638 ARBOR GLEN CIR
LAKE LAND, FL 33805

SUBJECT: BAP INC
Ref. Number: W19000072114

We have received your document for BAP INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L07000048921-BAP LLC,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 319A00016167

COVER LETTER

REFERENCE
TYRONE SCOTT
W1900072114

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

SUBJECT: BAP 19, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: AHMED ELHELW

Name (Printed or typed)

638 ARBOR GLEN CIR

Address

LAKELAND, FL 33805

City, State & Zip

863-614-7377

Daytime Telephone number

bonappetitdistribution@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: BAP 19, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

638 ARBOR GLEN CIR

LAKELAND, FL 33805

ARTICLE III PURPOSE

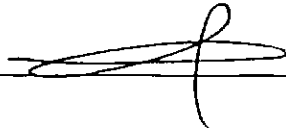
The purpose for which the corporation is organized is: PASTRY SALES AND DISTRIBUTION.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AHMED ELHELW, PRESIDENT

Name and Title:  President

Address 638 ARBOR GLEN CIR

Address:

LAKELAND, FL 33805

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2010 OCT 28 PM 12:54
STATE OF FLORIDA
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: AHMED ELHELW

Address: 638 ARBOR GLEN CIR

LAKELAND, FL 33805

ARTICLE VII INCORPORATOR

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

Name: AHMED ELHELW

Address: 638 ARBOR GLEN CIR

LAKELAND, FL 33805

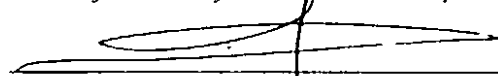
ARTICLE VIII EFFECTIVE DATE:

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

 President
Required Signature/Registered Agent

10/22/19
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

10/22/19
Date