

P19000084600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

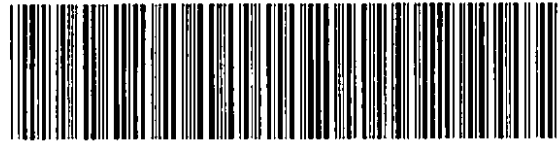
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/19--01002--009 *\$970.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2019 NOV 13 AM 10:18

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COVER LETTER

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

SUBJECT: BIN DEALS 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: Jerome Allmacher
Name (Printed or typed)
4549 SW CARGO WAY
Address
PALM CITY, FL 34990
City, State & Zip
561-289-9071
Daytime Telephone number
SALES@DWOSTORE.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: BIN DEALS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4549 SW CARGO WAY

PALM CITY, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUZ CANON RIVERA, PRESIDENT

Address: 4549 SW CARGO WAY

PALM CITY, FL 34990

Name and Title: JEROME ALLMACHER, OFFICER

Address: 4549 SW CARGO WAY

PALM CITY, FL 34990

Name and Title: GUSTAVE ALLMACHER, VP

Address: 4549 SW CARGO WAY

PALM CITY, FL 34990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2019 NOV 13 AM 10:05
SECRETARY OF STATE
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: LUZ CANON RIVERA
 Address: 4549 SW CARGO WAY
PALM CITY, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEROME ALLMACHER
 Address: 4549 SW CARGO WAY
PALM CITY, FL 34990

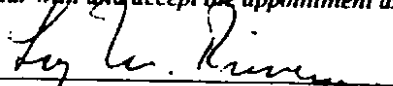
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/13/2019 (OPTIONAL)

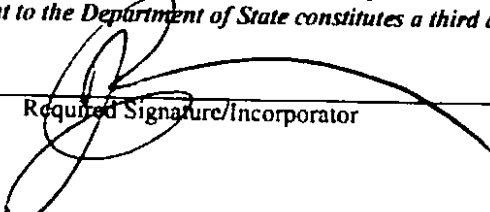
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 11/13/2019
 Required Signature/Registered Agent 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.

 11/13/2019
 Required Signature/Incorporator Date