P20000045743

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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2120 JUN 23 PH 12: 35 SECRETARY OF STATE TALLAHASSEE, FL

N CULLIFF

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

OATE 6/22/2020	
	WALK IN
ENTITY NAME <u>BO</u>	NDED BY THE BURN, INC.
DOCUMENT NUMI	BER
	PLEASE FILE THE ATTACHED AND RETURN
	Plain Copy
XXXX	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTI	UNATION
NUMBER OF CERTII	FICATES REQUESTED
TOTAL OWED \$ 78	ACCOUNT # 120160000072 4: 1
Please call Tina i	at the above number for any issues or concerns. Thank you so much!

			_	
				ED
	ARTICLES OF INCO In compliance with Chapter 607 and	RPORATION for Chanter 621 F.S.		-
PTICLE I NAM	ARTICLES OF INCO In compliance with Chapter 607 and/	or complet oz 1, 1	2020 JUN 23	PH 12: 3
RTICLE I NAM he name of the corpo	TE ration shall be: BONDED BY THE BU	RN, INC.	CCC	
R <u>TICLE I</u> I PRIA	NCIPAL OFFICE		SEUNTIAR:	UF STAT
	Principal street address		TALLAHA ailing address, if different	15.
0/1 Indian ero Beach	Mound Trail Florida 32963		dian Mound Tr	
<u></u>	1 101 1dd 52705	vero Be	ach, Florida 1	3,296,3
RTICLE III PUR ne purpose for which	POSE the corporation is organized is: Any and	d all lawfu	ıl business	
				· · · · · · · · · · · · · · · · · · ·
		···		
e number of shares of shar	IAL OFFICERS AND/OR DIRECTORS			
Name and Ti	tle: Tracy Carlinsky, Dir	Name and Title:_		
Address	1071 Indian Mound Trail	Address:		
	Vero Beach, Florida 32963	3		
		-		
Name and Tit	le:	Name and Title:		
Address				
Addiess				
		_		···
		_		
Name and Tit	le:	Name and Title:_		
Address				
		·		

Name and Title:		Name and Title:		
Address		Address;		
			· · · ·	
ARTICLE VI	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	Tracy Carlinsky	-	/A 123	
Address:	1071 Indian Mound Trail		17A	
	Vero Beach, Florida 32963		ROUN 23 PM 12: SECRETARY OF ST TALLAHASSEE!	
			and the same of th	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		PM 12: 35 OF STATI	
The name and a	ddress of the Incorporator is:		E 87 12:	
Name:	Lawrence A. Kirsch	_	: 35 TATE FL	
Address:	90 State Street, Suite	<u>8</u> 15		
	Albany, New York 12207	_		
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prior or 90	days after the	
Note: If the dat the document's of	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date	will not be listed as	
Having been nan certificate, I am	med as registered agent to accept service of process f familiar with and accept the appointment as registe.	for the above stated corporation at the pi red agent and agree to act in this capaci	ace designated in this ty	
Mau	Carlinsky	06/2	2/2020	
T	Required Signature/Registered Agent		Date	
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false inform y as provided for in s.817.155, F.S.	nation submitted in a	
Required Signate	urene a Bisch	06/2 Date	2/2020	
, 5	f	Date		