

P21000010618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

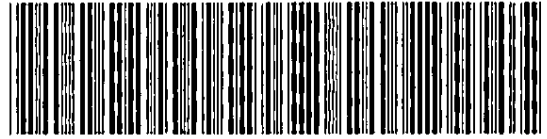
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600359487306

2021 FEB -9 AM 10:56



2021 FEB -9 PM 12:34



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **February 09, 2021**

Account#: I20000000088

Name: **Ian Reilly**

Reference #: **1325505**

Entity Name: **BSM GP, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$70.00**

Signature: \_\_\_\_\_



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **February 09, 2021**

Account#: I20000000088

Name: **Ian Reilly**

Reference #: **1325505**

Entity Name: **BSM GP, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

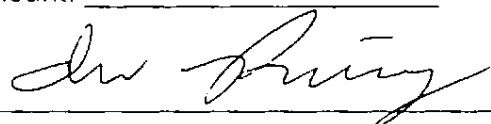
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$70.00**

Signature: 

## COVER LETTER

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

**SUBJECT:** BSM GP, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Maria Kenigsberg c/o Chuhak & Tecson, P.C.  
Name (Printed or typed)

30 S. Wacker Dr., Suite 2600  
Address

Chicago, IL 60606  
City, State & Zip

312-855-5442  
Daytime Telephone number

mkenigsberg@chuhak.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: BSM GP, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3700 S. Ocean Blvd., Unit 1509

Highland Beach, FL 33487

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hartley Meyer, President Name and Title: Hartley Meyer, Secretary

Address: 3700 S. Ocean Blvd., Unit 1509 Address: 3700 S. Ocean Blvd., Unit 1509

Highland Beach, FL 33487 Highland Beach, FL 33487

Name and Title: Hartley Meyer, Director Name and Title: \_\_\_\_\_

Address: 3700 S. Ocean Blvd., Unit 1509 Address: \_\_\_\_\_

Highland Beach, FL 33487 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2021 FEB - 9 AM 10:56

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: Hartley Meyer  
Address: 3700 S. Ocean Blvd., Unit 1509  
Highland Beach, FL 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John P. Adams  
Address: 30 S. Wacker Dr., Suite 2600  
Chicago, IL 60606

**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*

x Hartley Meyer  
Required Signature/Registered Agent

2/8/21  
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.*

John P. Adams  
Required Signature/Incorporator

2/8/2021  
Date