

P21000015230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

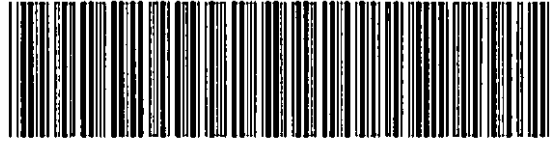
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUN 21 PM 6:54

COVER LETTER

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

SUBJECT: Bloomdaddy Gardens 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: Darren Johnson
Name (Printed or typed)

8419 Whiting Field Circle
Address

Milton, FL 32570
City, State & Zip

954-258-0752
Daytime Telephone number

bigcarbon7@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Bloomdaddy Gardens Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
8419 Whiting Field Circle
Milton, FL 32570

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darren Johnson (P) Name and Title: _____

Address 8419 Whiting Field Circle Address: _____
Milton, FL 32570

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: Darren Johnson
Address: 8419 Whiting Field Circle
Milton, FL 32570

ARTICLE VII INCORPORATOR

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

Name: Darren Johnson
Address: 8419 Whiting Field Circle
Milton, FL 32570

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 18, 2021 (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

Darren Johnson
Required Signature/Registered Agent

Jan 18, 2021
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.

Darren Johnson
Required Signature/Incorporator

Jan 18, 2021
Date

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COPY

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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copy

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