

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000408170 3)))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
KRHEKENHIGGINSCPA.COM
Email Address: _____

FILED
2021 NOV -3 AM 9:01
NOTED

RECEIVED
2021 NOV -3 PM 1:34

FLORIDA PROFIT/NON PROFIT CORPORATION
BG TECHNIQUES INC.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

H21000408170

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: BG TECHNIQUES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4213 SALT SPRINGS LANE
LAKELAND, FL 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SALVATORE LATONA - PRESIDENT Name and Title: _____

Address 4213 SALT SPRINGS LANE Address: _____
LAKELAND, FL 33811 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: SALVATORE LATONA

Address: 4213 SALT SPRINGS LANE

LAKELAND, FL 33811

ARTICLE VII INCORPORATOR

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

Name: SALVATORE LATONA

Address: 4213 SALT SPRINGS LANE

LAKELAND, FL 33811

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CLERK OF COURT
STATE OF FLORIDA


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


Required Signature/Registered Agent

NOVEMBER 3, 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.


Required Signature/Incorporator

NOVEMBER 3, 2021

Date

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