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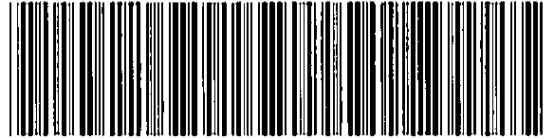
(Business Entity Name)

(Document Number)

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DATE: 2/9/2022

NAME: BM BUILDINGS INC

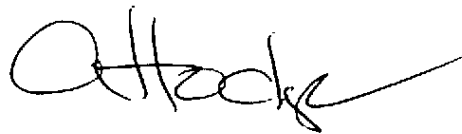
TYPE OF FILING: ARTICLES

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COVER LETTER

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

SUBJECT: **BM BUILDINGS 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:

WILLIAM MCCLEAN

Name (Printed or typed)

6395 BETTY AVENUE

Address

POST ST. JOHN, FL 32927

City, State & Zip

(530) 368-2284

Daytime Telephone number

TGINY8744@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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: BM BUILDINGS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6395 BETTY AVENUE
PORT ST. JOHN, FL 32927

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM MCCLEAN, OFFICER

Name and Title: _____

Address 6395 BETTY AVENUE

Address: _____

PORT ST. JOHN, FL 32927

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: WILLIAM MCCLEAN

Address: 6395 BETTY AVENUE

PORT ST. JOHN, FL 32927

ARTICLE VII INCORPORATOR

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

Name: WILLIAM MCCLEAN

Address: 6395 BETTY AVENUE

PORT ST. JOHN, FL 32927

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

02/08/2022

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

02/08/2022

Date