

P22000046164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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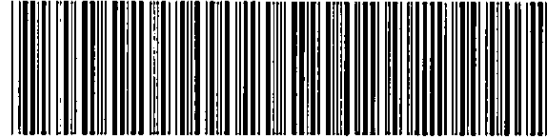
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN -9 PM 1:54
DIVISION OF CLERICAL OPERATIONS
TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
JUN 8 2022

COVER LETTER

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

SUBJECT: **BNS MAX 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **EVELYN NOELIA VILCHES**

Name (Printed or typed)

6814 S ORANGE BLOSSOM TRL

Address

DAVENPORT, FL. 33896

City, State & Zip

863-282-0388

Daytime Telephone number

EVELYNVILCHES.AN@GMAIL.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: BNS MAX INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6814 S ORANGE BLOSSOM TRL
DAVENPORT, FL. 33896

Mailing address, if different is:

6814 S ORANGE BLOSSOM TRL
DAVENPORT, FL. 33896

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

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EVELYN NOELIA VILCHES, P

Address 6814 S ORANGE BLOSSOM TRL
DAVENPORT, FL. 33896

Name and Title: _____

Address: _____

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: LESBIA SEGURA

Address: 3203 S ORANGE BLOSSOM TRAIL #206

KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

Name: LESBIA SEGURA

Address: 3203 S ORANGE BLOSSOM TRAIL #206

KISSIMMEE, FL 34746

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 2022 (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.

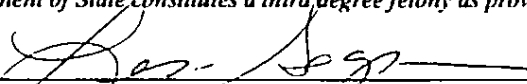
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

06/09/2022

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

06/09/2022

Date

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