

P22000046381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

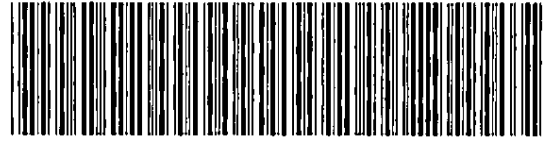
(Business Entity Name)

(Document Number)

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

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06/10/22--01001--004 \*\*87.50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN -9 PM 3:02  
2022 JUN -9 PM 4:26

RECEIVED FILED

T. BURCH  
JUN 10 2022

**COVER LETTER**

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

**SUBJECT: BGO ONE INVESTMENT 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

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

**FROM: BRENDA GRACIELA OCANAS SOSA**  
Name (Printed or typed)  
**211 PARKHURST LN**  
Address  
**ALLEN TX 75013**  
City, State & Zip  
**972-877-6723**  
Daytime Telephone number  
**BRENDAOCANA@YAHOO.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: BGO ONE INVESTMENT INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 211 PARKHURST LN  
ALLEN TX 75013

Mailing address, if different is:  
211 PARKHURST LN  
ALLEN TX 75013

**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:	<u>BRENDA GRACIELA OCANAS SOSA, P</u>	Name and Title:	_____
Address	<u>211 PARKHURST LN</u>	Address:	_____
	<u>ALLEN TX 75013</u>		_____

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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**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