## P22000047871

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	- #N
(City	rStaterziprenone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





100381747191

2022 JUN 13 PM 3: 37 SEARCHAINS SEE, FL

RECFIVED

2022 JUN 13 PM 12: 1



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

	06/10/2022	
Name:	Greg Pintacuda	
Reference	e #: <b>1705778</b>	
Entity Nar	me:BEE HOME ADMI	NISTRATION, INC.
	ticles of Incorporation/Authorization to	
Am	nendment	
Ch	nange of Agent	
☐ Re	einstatement	
☐ Co	onversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
☐ Oth	her	
Authorize Signature	ed Amount: \$70	<u> </u>

## **COVER LETTER**

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

SUBJECT:	Bee Home Administration,		
	(PROPOSED CORPORA	ATE NAME – <u>MÜST İNCL</u> I	<u>ude suffix</u> )
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
№ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status  PPY REOUIRED
		ADDITIONAL CO	
FROM:	Nom	e (Printed or typed)	<del></del>
	Nam	e (Frince of types)	
		Address	-
	City	, State & Zip	
	Daytime *	l'elephone number	
	·	·	
	ddelecaris@greens E-mail address: (to be use	ed for future annual report r	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)

FILED

<u>ET NAME</u>		₹ 0 <del>E</del> =s
of the corporation shall be: Bee Home &	Administration, Inc.	2022 JUN 13
II PRINCIPAL OFFICE		2021 0011 13
Principal street address lantic Blvd Unit 8	Mailing a	address. if different is: TALLAHAS
9		TOLLARIAS
lte, Fl 32225		
III PURPOSE se for which the corporation is organize	zed is: To transact any or all lawful business	ses for which a corporation
	of Florida.	
organized under the laws of the State of	II_riorida.	
		<del>_</del>
	<del> </del>	<del></del>
er of shares of stock is: 300		
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  lame and Title:	P. DIRECTORS  Name and Title:	
er of shares of stock is: 300  EV INITIAL OFFICERS AND/OR  Same and Title:	Name and Title:	
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  lame and Title:	Name and Title:Address:	
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  lame and Title:	Name and Title:Address:	
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  Jame and Title:	Name and Title:Address:	
er of shares of stock is: 300  EV INITIAL OFFICERS AND/OR  Name and Title:  Address	Name and Title:Address:	
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  lame and Title:  ame and Title:	Name and Title:  Address:  Name and Title:	
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  Same and Title:  ame and Title:	Name and Title:  Address:	
er of shares of stock is:300	Name and Title:  Address:  Name and Title:	
er of shares of stock is:300	Name and Title:     Address:     Name and Title:     Address:	
er of shares of stock is: 300  EV INITIAL OFFICERS AND/OR  Name and Title:  Address  Address	Name and Title:     Address:     Name and Title:     Address:	
er of shares of stock is: 300  V INITIAL OFFICERS AND/OR  Same and Title:  Address  Address	Name and Title:     Address:     Name and Title:     Address:	
er of shares of stock is:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:	
ame and Title:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:	

Name and 'I	Fitle:	Name and Title:	
Address		Address:	
ARTICLE VI RE	EGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Michael Januzzi		ن. المارية المارية
Address:		ud Unit 8	ALI ORE
-	Jacksonville FL 3:	2225	SECRE AND AHA
			250
ARTICLE VII _ IN	<u>CORPORATOR</u>		
The <u>name and addr</u>	ress of the Incorporator is:		77.
Name:	David Zobel		T.
Address:	10 S Broadway, Suite 2000		
	Samt Louis, MO 63102		
Effective date, if off (If an effective data filing.)	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and serted in this block does not meet the appl	cannot be more than five days	s prior or 90 days afte
	ctive date on the Department of State's re		
the document's effe Having been named	ctive date on the Department of State's re as registered agent to accept service of pro-	cords  neess for the above stated corpora	ation at the place design in this capacity
the document's effe Having been named certificate, I am fam	ctive date on the Department of State's re as registered agent to accept service of pro- villar with and accept the appointment as r	cords ocess for the above stated corpora egistered agent and agree to act	in this capacity
the document's effe Having been named certificate, I am fam	ctive date on the Department of State's re as registered agent to accept service of pro- villar with and accept the appointment as r	cords ocess for the above stated corpora egistered agent and agree to act	ution at the place design in this capacity Date
the document's effective that the document's effect that the fam fam the fam fam the fam that the fam	as registered agent to accept service of provider with and accept the appointment as recognited Signature/Registered Agent and affirm that the facts stated herei	cords  ocess for the above stated corpora egistered agent and agree to act  u  in are true. I am aware that the	in this capacity  Date  false information sul
the document's effective that the document's effect that the fam fam that the submit this document's effective the effective the document's effective the effective th	as registered agent to accept service of provider with and accept the appointment as reflections Required Signature/Registered Agen	cords  ocess for the above stated corpora egistered agent and agree to act  u  in are true. I am aware that the	in this capacity  Date  false information sul