

P23000037639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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Office Use Only



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S. CHATHAM
MAY 12 2023

2023 MAY 11 AM 8:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 11 AM 10:36

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/11/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1145519

ORDER ENTITY
BIRKDALE DEVELOP CORP

PLEASE PERFORM THE FOLLOWING SERVICES:
BIRKDALE DEVELOP CORP (FL)

New corp filing

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: BIRKDALE DEVELOP CORP
(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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SUNDOC FILINGS
Name (Printed or typed)

7801 FOLSOM BLVD, SUITE 202
Address

SACRAMENTO, CA 95826
City, State & Zip

888-595-2747
Daytime Telephone number

TWHITE@SUNDOCFILINGS.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: BIRKDALE DEVELOP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8262 BOCA GLADES BLVD EAST

BOCA RATON, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home construction

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAXIMILIAN PORT, DIRECTOR

Name and Title: _____

Address 8262 BOCA GLADES BLVD EAST
BOCA RATON, FL 33432

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: MAXIMILIAN PORT

Address: 8262 BOCA GLADES BLVD EAST

BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

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

Name: MAXIMILIAN PORT

Address: 8262 BOCA GLADES BLVD EAST

BOCA RATON, FL 33432

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2023 MAY 11 AM 8:17
SECRET
STATE OF FLORIDA
DEPARTMENT OF STATE

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

/s/MAXIMILIAN PORT

Required Signature/Registered Agent

05/09/23

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.

/s/MAXIMILIAN PORT

Required Signature/Incorporator

05/09/23

Date