

5/31/23, 4:10

Division of Corporations

P23000041978

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000198158 3)))



H230001981583ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

JP

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

HARRY@SAMUELSCACCOUNTING.COM
Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BECKER LANE CONSULTING INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2023 MAY 31 PM 4:43
CORPORATIONS
SPECIAL
SERVICES

2023 MAY 31 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H23000198158

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: BECKER LANE CONSULTING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
3181 SE CANBY ROAD
PORT ST LUCIE, FL 34952Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,500 AT NO PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JAMI S CARNAGEY - PRESIDENT/DIRECTOR

Name and Title: _____

Address 3181 SE CANBY ROAD
PORT ST LUCIE, FL 34952Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2023 MAY 31 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

H23000198158

H23000198158

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

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: HARRY M SAMUELS
Address: 2901 STIRLING ROAD 308
FT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: JAMI S CARNAGEY
Address: 3181 SE CANBY ROAD
PORT ST LUCIE, FL 34952

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

*Harry M Samuels*Required Signature/Registered Agent HARRY M SAMUELSMAY 31, 2023

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.

*Jami S Carnagey*Required Signature/Incorporator JAMI S CARNAGEYMAY 31, 2023

Date

FILED**2023 MAY 31 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL**

H23000198158