

P23000056379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

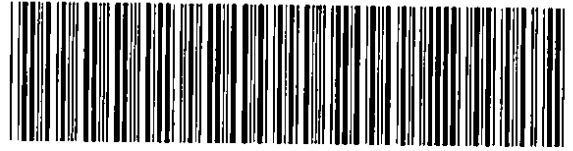
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
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2023 AUG - 1 PM 2:37  
RECEIVED  
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ALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** Cat 8/1

**XX** **CERTIFIED COPY**

**PHOTOCOPY**

☐ **CUS**

**XX** **FILING**

**INC**

**1. BKI ASSOCIATES, INC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

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

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

FROM: Marybel Defillo  
Name (Printed or typed)

3801 Avalon Park E. Blvd.  
Address

Orlando, FL  
City, State & Zip

407-658-6565  
Daytime Telephone number

marybeld@avalonparkgroup.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: BKI Associates, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3801 Avalon Park E. Blvd. Ste 400  
Orlando, FL 32828

Mailing address, if different is:

**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: Beat Kahli, President

Name and Title: \_\_\_\_\_

Address 3801 Avalon Park E. Blvd Ste 400  
Orlando, FL 32828

Address: \_\_\_\_\_

Name and Title: Marybel Defillo, VP, Sec.

Name and Title: \_\_\_\_\_

Address 3801 Avalon Park E. Blvd Ste 400  
Orlando, FL 32828

Address: \_\_\_\_\_

Name and Title: Cynthia Novoa, Sec

Name and Title: \_\_\_\_\_

Address 3801 Avalon Park E. Blvd. ste 400  
Orlando, FL 32828

Address: \_\_\_\_\_

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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: Marybel Defillo

Address: 3801 Avalon Park E. Blvd Ste 400  
Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

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

Name: Marybel Defillo

Address: 3801 Avalon Park E. Blvd Ste 400  
Orlando, FL 32828

**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*

Marybel Defillo  
Required Signature/Registered Agent

8.1.2023  
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.*

Marybel Defillo  
Required Signature/Incorporator

8.1.2023  
Date

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RECEIVED  
CLERK OF THE COURT