

P24000016597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

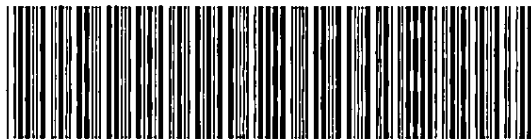
(Document Number)

Certified Copies _____

Certificates of Status _____

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UNITED STATES DEPARTMENT OF THE TREASURY

RECEIVED
2024 MAR -6 PM 2:19
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: BG mobile notary services 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Illetha D. White
Name (Printed or typed)

PO Box 3697
Address

Bradon Fla 33509
City, State & Zip

813-525-0653
Daytime Telephone number

biggogtent@icloud.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: BG mobile Notary Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

770 Appleyard Dr.
Tallahassee Fla 32304

PO Box 3697

Bradon Fla 33509

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mobile Notary Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra D. White

Name and Title: ~~Debra~~ President

Address PO Box 3697
Bradon Fla
33509

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: Debra D White

Address: 770 Applewood Dr 1B
Tallahassee FL 32304

ARTICLE VII INCORPORATOR

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

Name: Debra D White

Address: 770 Applewood Dr 1B
Tallahassee FL
32304

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

Debra D. White
Required Signature/Registered Agent

3/1/24
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.

Debra White
Required Signature/Incorporator

3/1/24
Date

2024