P24000016609

(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:

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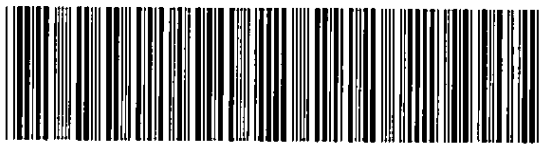

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2024

COVER LETTER

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

SUBJECT: BG Property Sales & Leasing 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: Retha D. White
Name (Printed or typed)

PO Box 3697
Address

Bradenton Fla. 33509
City, State & Zip

813-525-0653
Daytime Telephone number

biggoptant@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 Property Sales & Leasing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

770 Appleyard Dr
1B Tallahassee Fla 32304

Mailing address, if different is:

PO Box 3697
Brandon Fla 33509

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Property Sales / Leasing / Rentals

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra D Wells
Address: PO Box 3697
Brandon FLA.
33509

Name and Title: President
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Idetha D White

Address: 770 Appleyard DR

Tallahassee, Fla 32304

ARTICLE VII INCORPORATOR

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

Name: Idetha D. White

Address: 770 Appleyard DR 1-B

Tallahassee Fla. 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

Idetha 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.

Idetha D. White — Required Signature/Incorporator

Date 3/1/24

2024