6/20/24 1 42 FM

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION BP of Rio, Inc.

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Help

20-Jun-2024 09:44 Keith Long +12392686101 p.2

COVER LETTER

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

| SUBJECT: | BP OF RIO, I | NC. | |
|-----------------------------|--------------------------------------|---------------------------------------|--|
| 3013011 | (PROPOSED CORPORA | TE NAME – <u>MUST INCLU</u> | JDE SUFFIX) |
| | | | |
| Enclosed are an or | riginal and one (1) copy of the arti | cles of incorporation and | a check for: |
| ≥ \$70.00 Filing Fcc | | ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | L | |
| | | | |
| FROM: <u>I</u> | KRISTI LONG | Z13 ** | |
| | Name | (Printed or typed) | |
| <u>1</u> | 306 SE 46TH LANE STE 1 | | |
| | | Address | |
| C | CAPE CORAL, FL 33904 | | |
| _ | City, | State & Zip | |
| 2 | 39-850-9451 | | |
| _ | Daytime To | elephone number | . |
| Р | ETRADEMKO1@GMAIL.COM | | |
| _ | E-mail address: (to be used | for future annual report n | otification) |

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)

| ICLE I NAME | RD OF BIO INC | | |
|----------------------------------|--|------------------------------|--------------------------|
| name of the corporat | ion shall be. BP OF RIO, INC. | | |
| TICLE II PRINC 3 NE DIXIE HWY | TPAL OFFICE Principal street address | Mailing a 14101 TONKEL RO | iddress, if different is |
| ISEN BEACH, FL 3495 | 7 | FORT WAYNE, IN 4 | 6845 |
| | he corporation is organized is. ANY Af | | |
| | | | |
| | | | |
| | | | |
| TICLE IV SHARI | | ··· · | |
| | LOFFICERS AND/OR DIRECTORS BENJAMIN JOLLOFF, P | Name and Title | |
| Address | 14101 TONKEL BOAD | | |
| | FORT WAYNE, IN 46845 | _ | |
| Name and Title | | Name and Title | |
| Address | | | |
| | | | |
| Name and Title. | | Name and Title | |
| Address | | | |
| | | | |
| | | | |

| Name and Titl | e: | Name and Title: | ·-···································· |
|--|--|----------------------------------|--|
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI REG. The name and Florida | <u>ISTERIED AGENT</u> a street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | BENJAMIN JOLLOFF | | |
| Address: | 2230 NE DIXIE HWY | •••• | |
| | JENSEN BEACH, FL 34957 | | |
| ARTICLE VII INC | <u>ORPORATOR</u> | | |
| The name and address | is of the incorporator is: | | |
| Name: | BENJAMIN JOLLOFF | _ | |
| Address: | 14101 TONKEL ROAD | | |
| | FORT WAYNE, IN 46845 | | |
| ARTICLE VIII EFE Effective date, if other | r than the date of filing: | . (OPTIONAL) | |
| (If an effective date l filing.) | s listed, the dute must be specific and can | not be more than five days prior | or 90 days after the |
| | rted in this block does not meet the applicative date on the Department of State's record | | s date will not be listed as |
| | s registered agent to accept service of processiar with and accept the appointment as regis | | |
| | Bree & WH | | 6/20/2024 |
| | Required Signature/Registered Agent | | Date |
| | nt and affirm that the facts stated herein a riment of State constitutes a third degree fel | | |
| | A Juliff- | | 6/20/2024 |
| Required Signature/In | ic Grporator∜ | Date | |