Florida Department of State

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Division of Corporations

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Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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FLORIDA PROFIT/NON PROFIT CORPORATION B&D MANAGEMENT JUST RIGHT CONSTRUCTION CORP.

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Help

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

No. 1556 P. 2 Hayyooo 2234573

LE I NAM ne of the corpor	<u>e</u> ation shall be: <u>B&D MANAGEMENT JUST</u>	RIGHT CONSTRUCTION CORP.	
CLE II PRIN	ICIPAL OFFICE Principal street address BLVD.	Mailing address, if differe 105 PARADISE HARBOR BLVD. NORTH PALM BEACH, FL 33414	ent is:
LE III PURI	POSE the corporation is organized is: ANY AND	LAWFUL BUSINESS	
umber of shares o		·	
umber of shares o	f stock is: 200	Name and Title:	
umber of shares o	f stock is: 200 AL OFFICERS AND/OR DIRECTORS e: DOUGLAS NIETCH/PRESIDENT 105 PARADISE HARBOR BLYD.		
umber of shares o <u>CLE V INITI</u> Name and Tit	f stock is: <u>200</u> AL OFFICERS AND/OR DIRECTORS e: DOUGLAS NIETCH/PRESIDENT	A didunan	
umber of shares of CLE V INITI Name and Tit Address	Fstock is: 200 AL OFFICERS AND/OR DIRECTORS DOUGLAS NIETCH/PRESIDENT 105 PARADISE HARBOR BLVD. NORTH PALM BEACH, FL 33414	Address:	
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n. 28. 28 24 - 2):599M : Title:	Name and Title: Η αΥΝο. 1556(QF. 3)		
Address:		Address:		
	·			
	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable	c) of the registered agent is	s.	
Name:	DOUGLAS NIETCH			
Address:	105 PARADISE HARBOR BLVD.			
	NORTH PALM BEACH, FL 33414			
RTICLE VII	INCORPORATOR			
he <u>name and ad</u>	dress of the Incorporator is:			
Name:	LAWRENCE KIRSCH		,	
Address:	41 STATE STREET SUITE 700			
	ALBANY, NY 12207			
ffective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and ca	(OPT	TONAL) days prior or 90 days after the	
ote: If the date document's ef	inserted in this block does not meet the applications of State's reco	able statutory filing requ ords.	irements, this date will not be listed as	
laving been nam ertificate, I am f	ed as registered agent to accept service of proce amiliar with and accept the appointment as re	iss for the above stated co egistered agent and agra	rporation at the place designated in this se to act in this capacity	
S/DOUGLAS			6/28/24	
submit this doci	Required Signature/Ragistered Agent ament and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware the	Date at the false information submitted in a in s 817 155 R.S.	
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equired Signatur	<u> </u>		Date	
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