

P24000057360

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST FL
Account Number : I20240000084
Phone : (239)850-9451
Fax Number : (239)268-6101

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

BAP of Stuart, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2024 SEP -9 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FL

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2024 SEP -9 PM 2:08

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COVER LETTER

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

SUBJECT: BAP OF STUART, 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

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

ADDITIONAL COPY REQUIRED

FROM: KRISTI LONG

Name (Printed or typed)

1306 SE 46TH LANE, STE 1

Address

CAPE CORAL, FL 33904

City, State & Zip

239-850-9451

Daytime Telephone number

CHLOE.BLTEATS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 BAP OF STUART, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3123 SE FEDERAL HWY
STUART, FL 34994

Mailing address, if different is.

14101 TONKEL ROAD
FORT WAYNE, IN 46845

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BENJAMIN JOLLOFF, P

Name and Title: _____

Address 14101 TONKEL ROAD
FORT WAYNE, IN 46845

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BENJAMIN JOLLOFF
Address: 3120 SE FEDERAL HWY
STUART, FL 34994

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BENJAMIN JOLLOFF
Address: 14101 TONKEL ROAD
FORT WAYNE, IN 46845

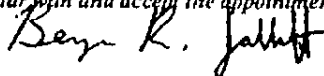
ARTICLE VIII EFFECTIVE DATE:

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

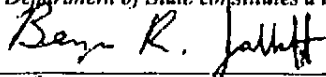


Required Signature/Registered Agent

9/9/2024

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.



Required Signature/Incorporator

9/9/2024

Date

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TALLAHASSEE, FLORIDA