

P99000037381
TRANSMITTAL LETTER

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

SUBJECT: B + B Enterprises of North Florida Inc.
(Proposed corporate name - must include suffix)

200002850962--6
-04/26/99--01013--010
****157.50 *****78.75

Enclosed is 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 26 AM 9:31

APPROVED
AND
FILED

FROM: Karen Anglin
Name (Printed or typed)

Rt 1 Box 436
Address

Chattahoochee FL 32324
City, State & Zip

(850) 663-9191
Daytime Telephone number

RECEIVED
99 APR 26 AM 9:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

ajc
4/26

ARTICLES OF INCORPORATION

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be **B & B Enterprises of North Florida Inc.**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be
Rt 1 Box 436 Chattahoochee, FL 32324

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have
outstanding at any one time is 100 shares

ARTICLE IV - INITIAL REGISTERED AGENT

Karen Anglin, Rt 1 Box 436 Chattahoochee, FL 32324

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are
Joseph Lowe Rt 1 Box 436 Chattahoochee, FL 32324

Joseph Lowe
Signature of Incorporator

4/23/99
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept that appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent.

Karen D. Anglin
Signature of Registered Agent

4-23-99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 26 AM 9:31

APPROVED
AND
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