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**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303
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INC

1. BEECH ROSE CONSULTANTS, INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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COVER LETTER

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

SUBJECT: Beech Rose Consultants 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

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FROM: Elizabeth Ovis-Schulman
Name (Printed or typed)

16887 Knightsbridge Lane
Address

Delray Beach FL 33484
City, State & Zip

516-527-2334
Daytime Telephone number

BBi99fish@aol.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: Beech Rose Consultants Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address: 16887 Knightsbridge Lane
Deltay Beach, FL 33484
Mailing address, if different is: 200 Hempstead Ave
Lyndbrook NY 11563

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Ovis-Schulman Name and Title: President
Address: 16887 Knightsbridge Lane Address: _____
Deltay Beach FL 33484

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

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

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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: Elizabeth Ovis - Schulman
 Address: 16887 Knightsbridge Lane
Delray Beach FL 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elizabeth Ovis Schulman
 Address: 16887 Knightsbridge Lane
Delray Beach FL 33484

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

Elizabeth Ovis Schulman
 Required Signature/Registered Agent

1/10/25
 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.

Elizabeth Ovis Schulman
 Required Signature/Incorporator

Date 1/10/25

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