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FLORIDA DEPARTMENT OF STATER 11 PM 3: 21 Division of Corporations

March 28, 2016

SECREMARY OF STATE TALLAHASSEE, FLORIDA

AMBER SAXON 218 TERRY ST. INDIAN HARBOUR BEACH, FL 32937

SUBJECT: BRYTON UP BUTTERCUP, INC.

Ref. Number: W16000022684

We have received your document for BRYTON UP BUTTERCUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 816A00006254

COVER LETTER

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

SUBJECT: BRYTON U	P BUTTERCUP, INC.							
SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed is an original a	Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :							
\$70.00	□ \$78.75	□ \$78.75	■ \$87.50					
Filing Fee	Filing Fee &		Filing Fee,					
rining rec	Certificate of	Filing Fee & Certified Copy						
	Status	& Certified Copy	& Certificate					
	ADDITIONAL COPY REQUIRED		PY REQUIRED					
		ADDITIONAL CO	. r regenees					
PDOM.	AMBER SAXON							
FROM:	Name (Printed or typed)							
	210 TERRY CTREET							
	218 TERRY STREET							
Address								
	INDIAN HARBOUR BEACH FL 32937							

321-615-7516

BrytonUpButtercup@gmail.com

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

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of	the corporation shall be: Bryton Up Butter	cup, Inc.			_
ARTICLE II	PRINCIPAL OFFICE				
Principal <u>street</u> address: 218 Terry Street			Mailing address, if different is:		
Ind	ian Harbour Beach, FL 32937				
	II PURPOSE for which the corporation is organized is:	Bryton Up Buttercu	p, Inc. is organized for charitable purpose	s to incl	ıde
volunteer se	rvices and activities for hospital bound pat	tients and their careg	ivers. The purpose of this corporation is	to engag	e in
any lawful a	ct or activity for which corporations may b	be organized under th	ne laws of the state.		
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ARTICLE II					- 19 C
The man	MANNER OF ELECTION The mainer in which the directly bylaws of the corporat	tors will b			- 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The man	ner in which the direc	tors will b		 15"	A STATE
The man in the	ner in which the direct by laws of the corporat INITIAL OFFICERS AND/OR DIRECT Amber Sayon - President	tors will b ion. CCTORS	e_elected_is_provided_	 15"	ANTE STATE
The man in the ARTICLE V	ner in which the direct by laws of the corporat INITIAL OFFICERS AND/OR DIRECT Amber Sayon - President	tors will be ion. ECTORS Name and Title	e_elected_is_provided_	 15"	100 SPATE
The man in the	ner in which the directly bylaws of the corporat INITIAL OFFICERS AND/OR DIRECTLE: Amber Saxon - President	tors will b ion. CCTORS	e_elected_is_provided e:	 15"	SATE STATE
The man in the ARTICLE V Name and Ti	tle: Amber Saxon -President 218 Terry Street Indian Harbour Beach, FL 32937	tors will be ion. ECTORS —— Name and Title —— Address: —— .	e_elected_is_provided_e: Penny Davis-Secretary 3183 Brentwood Lane Melbourne, FL 32934	<u></u>	STATE STATE
The man in the ARTICLE V Name and Ti Address	tle: Amber Saxon -President 218 Terry Street Indian Harbour Beach, FL 32937	tors will be ion. ECTORS Name and Title Address: Name and Title	e_elected_is_provided_ee_elected_ee_elected_is_provided_ee_elected_ee_elected_ee_elected_ee_elected_ee_elected_ee_elected_ee_elected_ee_elected_ee_elected_ee_el	<u></u>	SAME STATE
The man in the ARTICLE V Name and Ti	tle: Christian T. Kelley	tors will be ion. ECTORS —— Name and Title —— Address: —— .	e_elected_is_provided_e: Penny Davis-Secretary 3183 Brentwood Lane Melbourne, FL 32934	<u></u>	AC SIME
The man in the ARTICLE V Name and Ti Address	tle: Christian T. Kelley 218 Terry Street Indian Harbour Beach, FL 32937 Breanne Brown-Treasurer	tors will be ion. CCTORS Name and Title Address: Name and Title Address:	e_elected_is_provided_e: Penny Davis-Secretary 3183 Brentwood Lane Melbourne, FL 32934	<u></u>	- 1
The man in the ARTICLE V Name and Ti Address Name and Ti Address	tle: Christian T. Kelley 218 Terry Street Indian Harbour Beach, FL 32937 Breanne Brown-Treasurer	tors will be ion. CCTORS Name and Title Address: Name and Title Address:	e_elected_is_provided_e: Penny Davis-Secretary 3183 Brentwood Lane Melbourne, FL 32934	<u></u>	200 SIME

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
	<u> </u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name: Amber Saxo	· · · · · · · · · · · · · · · · · · ·	
Address: 218 Terry St	reet	
Indian Harbour t	reet Beach, fi 32937	emila
ARTICLE VII INCORPORATOR	,	
The <u>name and address</u> of the Incorporator is:		2004 2004 2007 2007
Name: Amber Saxon		
Address: 218 Terry Stra	Bruch FL 32937	
Indian Harboyur	Bluch, the De 15	ა ეგო ეგ
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 ar after the filing.)	nd cannot be more than five business days prior or 90 b	usiness days
Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco		listed as the
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a	of process for the above stated corporation at the place a as registered agent and agree to act in this capacity	lesignated in this
Required Signature of Registered	Agent 3/16/16	
I submit this document and affirm that the facts stated here to the Department of State constitutes a third degree felony	ein are true. I am aware that any false information submitt as provided for in s.817.155, F.S.	ed in a document
Mun	3/16/16	
Required Signature of Incor	porator Date	