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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: ssacks1115@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
BRYSTA, INC.

RECEIVED
14 OCT 10 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
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[Signature]
10/13/14

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: BRYSTA, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

23189 VIA STEL
BOCA RATON, FL 33433

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL ESTATE MANAGEMENT AND INVESTMENT

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA SACKS, PRES Name and Title: _____
Address: 23189 VIA STEL Address: _____
BOCA RATON, FL 33433 Address: _____

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

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

(cont.)

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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: SANDRA SACKS

Address: 23189 VIA STEL
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SANDRA SACKS

Address: 23189 VIA STEL
BOCA RATON, FL 33433

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

Sandra Sacks 10-7-14
 Required Signature/Registered Agent 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.

Sandra Sacks 10-7-14
 Required Signature/Incorporator Date

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 TALLAHASSEE, FLORIDA

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