

P15000094997

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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15 NOV 15 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/14

COVER LETTER

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

SUBJECT: US Business Brokers, 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: David Rummell

Name (Printed or typed)

17419 Varona Pl

Address

Lutz, FL 33548

City, State & Zip

813 951 1164

Daytime Telephone number

davidrum10@gmail.com

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

15 NOV 16 AM 7:30

ARTICLE I NAME

The name of the corporation shall be: US Business Brokers, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
17419 Varona Place
Lutz, FL 33548

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a business broker throughout Florida; representing
clients who wish to buy and/or sell businesses and business opportunities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Rummell, CEO

Name and Title: Melisa Hartwell, COO

Address 17419 Varona Place
Lutz, FL 33548

Address: 23110 State Rd. 54 #123
Lutz, FL 33549

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

15 NOV 16 AM 7:38

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: David Rummell
Address: 17419 Varona Place
Lutz, FL 33548

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: David Rummell
Address: 17419 Varona Place
Lutz, FL 33548

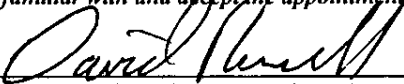
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business days after the filing.)

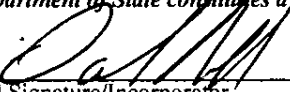
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/12/15
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

11/12/15
Date