P16000053308

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUN -6 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 7 2016

S. GILBERT

COVER LETTER

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

SUBJECT: Bruck Brothers, 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

FROM: Christian Bruck
Name (Printed or typed)

175 Eleanor St
Address

Tarpon Springs, Fl 34689
City, State & Zip

727-278-7292
Daytime Telephone number

bruckbrostarponinc@gmail.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)

FILED
16 JUN -5 PM 3:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be: Bruck Brothers, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

175 Eleanor St

Tarpon Springs Fl 34689

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christian Bruck

Address: 175 Eleanor st.
Tarpon Springs Fl 34689

President

Name and Title: Adam Bruck

Address: 175 Eleanor St
Tarpon Springs FL 34689

Secretary

Name and Title: Steve Bruck

Address: 175 Eleanor St.
Tarpon Springs Fl 34689

VP

Name and Title:

Address:

Name and Title:

Address:

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: Christian Bruck

Address: 175 Eleanor St

Tarpon Springs FL 34689

ARTICLE VII INCORPORATOR

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

Name: Christian Bruck

Address: 175 Eleanor st

Tarpon Springs FL 34689

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-19-2016 (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

Christian Bruck 5/27/16

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.

Christian Bruck 5/27/16

Required Signature/Incorporator Date

Christian Bruck