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TRANSMITTAL LETTER

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

SUBJECT: Brownwell I Enterprises Copp.

(Proposed corporate name - must include suffix)

Enclosed is 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

■ \$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MONIQUE D. Brown
Name (Printed or typed)

P.O. BOX 9327

Rivera Beach te 33409

501,723,1200 Daytime Telephone number

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

ARTICLES OF INCORPORATION

The name of the corporation shall be:

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

DROWNWELL II Enterprises, Corp. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 809 W. ith Street Riviera Beach, TL 33404 P.O.Box 9327 PrinceraBeach, FL 33419 - Mailing PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): Providing Shetter for horseless jamilies and individuals will purchase and rehabilitate distress properties for this purpose ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: VOTINA INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Monique D. Brown 809 W. 4th Street viera beach te 33104 INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: Jonique D. Braon P.O. Box 9327 Livier Beach te 33419 Signature/Incorporator (An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties,

and I am familiar with and accept the obligations of my position as registered agent.

FILED .

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SECRETARY OF STATE