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COVER LETTER

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

SUBJECT:	Blessed to be Brown Incorporated	
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	

nclosed is an original a	ind one (1) copy of the Ar	ticles 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
		ADDITIONAL CO	PY REQUIRED

FROM: Cimona Seagraves Name (Printed ortyped)
1082 RockbrookCt
Tallahassee, F1 32311
850-445-2061 Daytime Telephone number
Cimona _ Small Qyahvo 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 617, F.S., (Not for Profit)

Encorporated
1
ess, if different is:
zation will aid in apy patients with me Community to the disease.
and appointed:
(San T
Lolograves, Treasurer orook Ct ,FI 32311
SECRETAL TALLAMANSSER
PH 2: 24
Lation will aid in apy patients with me Community to the disease. Seagraves, Treasurer prook Ct., FI 32311

Name and Title:	Name and Title:	
Address	Address:	
	Name and Title:Address:	
Name: Cimona Sec Address: 1082 Rockby Tallahas sec ARTICLE VII INCORPORATOR The name and address of the Incorporator is Name: Cimona Sec	Box NOT acceptable) of the registered agent is: 201201	14 JUL -2 PM 2: 24 SECRETARIASSEE FLORIDA
Having been named as registered agent to certificate, I am familiar with and accept the Required Signature I submit this document and affirm that the j	accept service of process for the above stated corporate appointment as registered agent and agree to act in this are of Registered Agent facts stated herein are true. I am aware that any false in d degree felony as provided for in s.817.155, F.S.	is capacity 7-2-14 Date