

COVER LETTER

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

SUBJECT: Braille Readers Network, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED			

FROM: Brittany Haslett
Name (Printed or typed)

825 Mackenzie Circle
Address

Saint Augustine, FL 32092
City, State & Zip

(615) 970-2658
Daytime Telephone number

haslett.brittany@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 AUG 29 AM 9:23
FILED

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

ARTICLE I NAME

The name of the corporation shall be: Braille Readers Network, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

825 Mackenzie Circle
Saint Augustine, FL
32092

Mailing address, if different is:

-same-

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our corporate purpose will be:

We are a family organized into a corporate non-profit,
with the purpose to network individuals, resources,
and businesses. We are solely dedicated to assisting
visually impaired and special needs characteristics
and persons in services sought; wherein promoting
education, research, and goal opportunities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Invited;

Appointed based on background and expertise.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brittany Haslett, President

Address: 825 Mackenzie Circle
Saint Augustine, FL
32092

Name and Title: Kurtis Haslett, Vice President

Address: 825 Mackenzie Circle
Saint Augustine, FL
32092

Name and Title: Wendy Henry, Secretary

Address: 2135 Sargent Quick Dr.
Chattanooga, TN
37421

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Brittany Haslett

Address: 825 Mackenzie Cir.
Saint Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brittany Haslett

Address: 825 Mackenzie Cir.
Saint Augustine, FL 32092

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TALLAHASSEE, FLORIDA

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

Brittany Haslett
Required Signature of Registered Agent

8/25/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Brittany Haslett
Required Signature of Incorporator

8/25/14
Date