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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

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

SUBJECT: SANTA FE BRASS. INC.

(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

FROM

\$78.75
Filing Fee &
Certificate of
Status

□\$78.75

Filing Fee & Certified Copy

\$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

	Name (Printed or typed)	
7625 SW 7TH PLACE	3	
	Address	
GAINESVILLE, FL 3	2607	
	City, State & Zip	
(352) 870-1875		
	Daytime Telephone number	
kris_pagenkopf@hotm	nail.com	
	sed 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)

	The corporation shall be: SANTA FE BRASS			
<u>ARTICLE I</u>	I PRINCIPAL OFFICE			
762	Principal <u>street</u> address: 25 SW 7TH PLACE	Mailing address, if different is:		
GA	AINESVILLE. FL 32607			
The purpose		ANTA FE BRASS. INC. IS COMMITTEDTO PROVIDING MU		
	L COMMUNITY FOR THE BENEFIT OF		CIN	
· 				
		iner in which the directors are elected and appointed: ELECTED		
ARTICLE V	V INITIAL OFFICERS AND/OR DIREC	ctors		
ARTICLE V	V INITIAL OFFICERS ANDIOR DIRECT STATES OF THE STATES OF T	ctors		
ARTICLE V	V INITIAL OFFICERS ANDIOR DIRECT STATES OF THE STATES OF T	CTORS ALFRED AWBREY, VICE PRESIDEN 1001 NW 36TH ROAD		
ARTICLE A Name and T Address	V INITIAL OFFICERS ANDIOR DIRECT JUDITH BARTLETT, PRESIDENT 125 QUAIL LANE HAWTHORNE, FL 32640	Name and Title: ALFRED AWBREY, VICE PRESIDEN Address:		
Name and T Address Name and T	INITIAL OFFICERS ANDIOR DIRECTION IN ITAL OFFICERS ANDIOR DIRECTION IN ITALIAN IN ITALIA	Name and Title: ALFRED AWBREY, VICE PRESIDEN Address: GAINESVILLE, FL 32609-2106 Name and Title: CHRISTOPHER BORGERT, SECRET 2250 NW 24TH AVENUE		
Name and T Address Name and T	INITIAL OFFICERS ANDIOR DIRECT Title: 125 QUAIL LANE HAWTHORNE, FL 32640 KRIS PAGENKOPF, TREASURER 7625 SW 7TH PLACE GAINESVILLE, FL 32607	Name and Title: ALFRED AWBREY, VICE PRESIDEN Address: GAINESVILLE, FL 32609-2106 Name and Title: CHRISTOPHER BORGERT, SECRET 2250 NW 24TH AVENUE		
ARTICLE AND	INITIAL OFFICERS ANDIOR DIRECTION Title: 125 QUAIL LANE HAWTHORNE, FL 32640 KRIS PAGENKOPF, TREASURER 7625 SW 7TH PLACE GAINESVILLE, FL 32607	Name and Title: Address: CHRISTOPHER BORGERT, SECRET Address: CHRISTOPHER BORGERT, SECRET Address: GAINESVILLE, FL 32605	SK AGY grez	
Address Name and T Address	INITIAL OFFICERS ANDIOR DIRECTION Title: 125 QUAIL LANE HAWTHORNE, FL 32640 KRIS PAGENKOPF, TREASURER 7625 SW 7TH PLACE GAINESVILLE, FL 32607	Name and Title: ALFRED AWBREY, VICE PRESIDEN Address: GAINESVILLE, FL 32609-2106 CHRISTOPHER BORGERT, SECRET Address: GAINESVILLE, FL 32605 Address: CHRISTOPHER BORGERT, SECRET Address: GAINESVILLE, FL 32605	SK AGY grez	

Name and Title	I	Name and Title:		
Address		Address:		
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Name and Title	:	Name and Title:		
Address		Address:		
<u>ARTICLE VI</u>	REGISTERED AGENT			
The name and	Florida street address (P.O. Box NOT	acceptable) of the register	red agent is:	
Name:	KRIS PAGENKOPF			
Address:	7625 SW 7TH PLACE	<u>.</u>		
	GAINESVILLE, FL 32607			
	INCORPORATOR address of the Incorporator is: KRIS PAGENKOPF 7625 SW 7TH PLACE			
	GAINESVILLE, FL 32607			
Effective date.	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specif	fic and cannot be more t	(OPTIONAL) than five days prior or 90 days after th	e filing.)
	te inserted in this block does not meet t ective date on the Department of State's		ling requirements, this date will not be lis	sted as the
	familiar with and accept the appointm	ent as registered agent ar	bove stated corporation at the place de end agree to act in this capacity	signated in this
	Required Signature of Regis			18
	Required Signature of Regis	stered Agent	Date	
' submit this do o the Departmo	cument and affirm that the facts stated ent of State constitutes a third degree fe	t herein are true. I am aw clony as provided for in s	, ,	/
	Required Signature of		11/23/1	8
	Required Signature of	incorporator	/ D ø fe	
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