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Office Use Only



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D. O'KEEFE MAR 16 2022



## **COVER LETTER**

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

SUBJECT: BRADEN RIVER DAKS HOMENWHERS ASSOCIATION INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

**1** \$70.00 Filing Fee

**★**\$78,75

Filing Fee & Certificate of

Certificate (

Status

□\$78.75

Filing Fee

☐ \$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jura ita A. Govosi
Name (Printed or typed)

5511 31 H AVE. EAST Address

BRADENTON 71. 34208 City, State & Zip

94.748.8350

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)

ARTICLE I	NAME corporation shall be: BRATIEN RIVE	K BAKS HO	WERNINELS ASSOCIA	FON INC.	
	PRINCIPAL OFFICE		, ,	,	
	Principal street address:		Mailing address, if differen	ıt is:	
<u> </u>	8 37 th AVE. E.		· · · · · · · · · · · · · · · · · · ·		
	HDENTON 71. 34208				
مريد	e i i sai ca	<del></del>			
	MID DOCE.				
ARTICLE III The purpose for	r which the corporation is organized is: H	MEOWA) EX	s Association 1	Ex	
6 ho	1385.	/ 			
				2022	
				2 FEB	79
				22 FEB 28 ECRETAR LLAHASS	
				S 1A FLOR	
	MANNER OF ELECTION The manner			35 35 35 S	
	EER AND APPROVED A	MERE, is			
Name and Titl	e: John Covari - PIDIX	Name and Title:	JUANITA GOVONI -	TREA	
Address	SSIL 31Th AVE. E.	Address: =	5511 31th AVE. E.	<del></del>	
	Bradenton H. 34208		BRACENTON, 41.	34208	
Name and Titl	10: SAMT-lowers - V.P. / Dir	Name and Title:	MARK RICKER-	Die	
	STR 31 A AVE. E.	Address:	5608 31 Th AVE. E	<u>/</u> ·	
Address	BRACKENTEN 71. 34208		BRADENTON 71	34208	
	DRAGERATE OFFICE		/		
	le: LONA FlOWERS-SEC.	- Name and Title			
				<del></del>	
Address	5508 37 AVE. E.				
	BRAdenton, H. 34-208	-			
		_			

Name and Title:_		Name and Title:						
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Name and Title:_		Name and Title:						
Address _		Address:						
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ARTICLE VI	REGISTERED AGENT							
	orida street address (P.O. Box NOT acc	eptable) of the registered agent is:						
Name:	SAY FlOWERS							
Address:	5508 37 Th AVE, E.		SE	2022				
	BRACIENTON H. 34	308	CRE	837 S	Ti			
	<u> </u>	<del></del>	IAR ASS	B 28				
	INCORPORATOR Idress of the Incorporator is:		1.33 10 J.	≥				
	<del></del>		SECREJARY OF STATE ALLAHASSEE, FLORID	<u>ب</u> 1.	$\Box$			
Name:	JUHNITH H. GOYGNI		AOIR ATE	35				
Address:	JUANITA A. GOVONI 3511 37th AVE. E. BRADENTON 71. 34							
	BRADENTON 71. 34	1308						
	EFFECTIVE DATE:	. (OPTIONAL)						
(If an effective d	other than the date of filing:late is listed, the date must be specific a	and cannot be more than five days prior	or 90 days after	r the fi	ling.)			
Note: If the date	inserted in this block does not meet the	applicable statutory filing requirements, thi	is date will not b	e listed	l as the			
	tive date on the Department of State's re							
Having hoon na	med as registered agent to accept service	e of process for the above stated corporati	ion at the place	desion.	ated in this			
certificate, I and J	amiliar with and accept the appointment	as registered agent and agree to act in this	capacity					
Required Signature of Registered Agent Date								
	Required Signature of Registere	ed Agent	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.								
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-fulo	Required Signature of Inco	orporator	<i>2/33/22</i> Date	2				
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