## POODOOO34103

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

FORS INC.

SUBJECT:

(Proposed corporate name - must include suffix)

800003185788--3 -03/27/00--01130--006 \*\*\*\*\*87.S0 \*\*\*\*\*87.50

□ \$70.00 □ \$78.75 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	
	fied Copy  & Certified Copy  & Certificate of  Status  TIONAL COPY REQUIRED

FROM: Antoinette Callahan Name (Printed or typed)	SECE	2000	
1322 W. 25 St Address	RETARY O	MAR 27	
Jacksonville FL 32209 City, State & Zip	F STATE FLORIDA	PM 2: 09	•
(904) 757-4128 0 (904) 141-126  Daytime Telephone number	7		

OR HIM

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

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FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2000 MAR 27 PH 2: 09

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ARTICLE	1	NAME

The name of the corporation shall be:

Bria's Inc.

ARTICLE II	PRINCIPAL OFFI	CE

The principal place of business and mailing address of this corporation shall be:

1322 W. 25 Jacksonville FL 32209

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

49

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

1322 W. 25 st Jacksonville FL 32209

## ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Antoinette Callahan 1322 W. 25 57 Sacksonville FL 32209

Signature/Incorporator

20 (W)

(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

Signature/Registered Agent

Date