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

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□ \$70.00 Filing Fee	\$78.75 Filing Fee	□\$122.50 Filing Fee	☐ \$131.25 Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	KENNETH	Printed or typed)	
	6408 6	7 TH AVI	EN
	Ω	Address	·

(Proposed corporate name - must include suffix)

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be:
The name of the corporation shall be: BRAY DEVELOPEMENT CORPORATION
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
1 He principal place of business and maring address of this ecoporation. 1 HOS GTH AVE N. PUNCIAS PARKS F1. 33781 ARTICLE III SHARES
ARTICLE III SHARES FI. 33781
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 SHARES #1 /AR
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
KENNELLE DIKAY, /) HADY E
6408 67TH AVEN , PINELLAS PARK, F2
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
KENAI A CHAY
The name and address of the incorporator to these Articles of Incorporation are:
PINELLAS IMMITTED
Kennette Bray . × 5/10/00 Signature/Incorporator
Signature/Incorporator

(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

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