

# PO1000055383

CT CORPORATION SYSTEM

FILED  
01 JUN - 4 PM 2:23  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPORATION(S) NAME

Brothers Management Associates, Inc.

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500004340855--3

-06/05/01--01001--011

\*\*\*\*\*70.00 \*\*\*\*\*70.00

<input checked="" type="checkbox"/> Profit <i>Articles</i>	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input checked="" type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/4/01

Order#: 4470116

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222-7615

NOIYVNOJVOO JO NOIYVNOJ  
35 5 PM 4 - JUN 01

RECEIVED

W01-12649

J. BRYAN JUN - 4 2001

J. BRYAN JUN - 5 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 4, 2001

CT CORPORATION SYSTEM  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301

SUBJECT: BROTHERS MANAGEMENT ASSOCIATES, INC.  
Ref. Number: W01000012649

WACK - in  
pick - up

We have received your document for BROTHERS MANAGEMENT ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

ATW: Joey Bryan  
Document Specialist  
New Filing Section

Letter Number: 001A00033883

Phase Back Date  
Thanks

RECEIVED  
01 JUN -5 PM 12:26  
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION  
OF  
BROTHERS MANAGEMENT ASSOCIATES, INC.

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

FIRST: The name of the Corporation is: BROTHERS MANAGEMENT ASSOCIATES, INC.

SECOND: The street address of the initial principal officer, and, if different, the mailing address of the corporation is: 16771 SW 6<sup>TH</sup> ST. PEMBROKE PINES, FL 33027

THIRD: The number of shares the corporation is authorized to issue is: ONE HUNDRED SHARES (100)

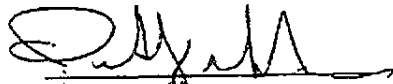
FOURTH: The street address of the initial registered office of the corporation is c/o CT Corporation System 1200 South Pine Island Road, City of Plantation, Florida 33324, and the name of its initial registered agent at such address is CT Corporation System.

FIFTH: The names and address of the persons who are to serve as initial directors are:

Peter J Mincieli  
16771 SW 6<sup>th</sup> St.  
Pembroke Pines, FL 33027

SIXTH: The name and address of each incorporator is:

Peter J Mincieli  
16771 SW 6<sup>th</sup> St.  
Pembroke Pines, FL 33027

  
Signature of Incorporator

Date: 6/4/01

CT System is familiar with and accepts the obligation provided for in Section 607.0505 of the Florida Statutes.

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED  
IN THESE PROVISIONS, 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 RELATIVE TO  
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS  
REGISTERED AGENT.

DATE: \_\_\_\_\_

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,  
Special Assistant Secretary

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