

TRANSMITTAL LETTER

**P01000114989**

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

SUBJECT: Browning Inv. Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100004700331--3  
-11/30/01--01048--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Brent Browning  
Name (Printed or typed)

3890 Creek Bed CR  
Address

St Cloud, FL 34769  
City, State & Zip

(407) 709-5276  
Daytime Telephone number

FILED  
01 NOV 30 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. Burch DEC 5 2001

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

*BROWNING Inv. Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*3890 Creek Bed CR  
St Cloud, FL 34769*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

*1 (one)*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*Brent Browning (President)  
3890 Creek Bed CR  
St Cloud, FL 34769*

*Cecil Browning (VP)  
3744 Henry J Ave.  
St Cloud, FL 34772*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Brent Browning  
3890 Creek Bed CR  
St. Cloud, FL 34769*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Brent Browning  
3890 Creek Bed CR  
St cloud, FL 34769*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*9/7/01*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*9/7/01*  
\_\_\_\_\_  
Date

FILED  
01 NOV 30 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA