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NOTICE OF FILING

1/10/03

TRANSMITTAL LETTER

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

Original
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2003 JAN -8 PM 2: 54

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: BRINSON ESTIMATING SERVICE, INC.

(Proposed corporate name-must include suffix)

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 Status

FROM:

WENDELL T. BRINSON SR.

Name (printed or typed)

805 ROBIN AVENUE

(Address)

PALM HARBOR, FL 34683

(City/State//Zip)

(727) 789-4702

(Day time telephone number)

NOTE: Please provide the original and one (1) copy of the Articles

ARTICLES OF INCORPORATION

OF

BRINSON ESTIMATING SERVICE, INC.

The undersigned incorporation (s) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BRINSON ESTIMATING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

**805 ROBIN AVENUE
PALM HARBOR, FL 34683**

ARTICLE III CAPITAL STOCK

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

1000 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**JAMES H. COLLIER, SR.
9110 STERLING LANE
PORT RICHEY, FL 34668**

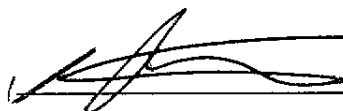
ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

WENDELL T. BRINSON SR. (PRESIDENT)
805 ROBIN AVENUE
PALM HARBOR, FL 34683

The undersigned has (have) executed these Articles of Incorporation this

6TH ____ DAY ____ OF JANUARY ____ 2003

 P ____ Signature/Title

____ V-P ____ Signature/Title

____ SEC ____ Signature/Title

____ Signature/Title

____ Signature/Title

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: _

BRINSON ESTIMATING SERVICE, INC.

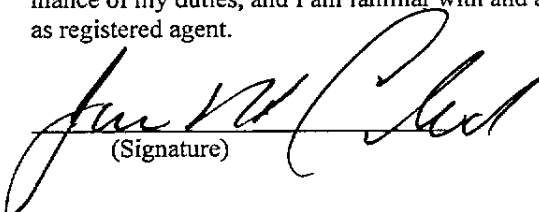
The name and address of the registered agent and office is:

JAMES H. COLLIER SR.
(Name)

9110 STERLING LANE
(P. O. Box not acceptable)

PORT RICHEY, FL 34668
(City/State/Zip)

I have been named as registered agent and to accept service of process for the aboved 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)

1-6-02
(Date)