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TRANSMITTAL LETTER

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

SUBJECT: B	RIAN C. QUIMBY INC. (Proposed corpo	orate name - must include suf	ītx)	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a c	check for :	
⊠ \$70.00 Filing Fee	**# \$78.75 Filing Fee & Certificate of Status	U\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	1 \$87.50 Filing Fée, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	BRIAN QUIMBY Name (F	rinted or typed)	•,	
3904 MEADOWCREEK DRIVE Address				
	SARASOTA, FL 34232 City,	State & Zip	·	
	(941) 342-6445 Daytime 1	elephone number		

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

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: BRIAN C. QUIMBY, INC.

ARTICLE II PRINCIPAL OFFICE

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

3904 MEADOWCREEK DRIVE SARASOTA FL 34232

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5000 SHARES OF NO PAR STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BRAIN QUIMBY 3904 MEADOWCREEK DRIVE SARASOTA, FL 34232

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT BRIAN QUIMBY 3904 MEADOWCREEK DRIVE SARASOTA, FL 34232

Signature Incorporator

0/23/83 Date

(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 finither 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