

PO4000041332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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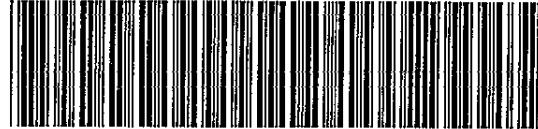
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Errol R. Brace, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Errol R. Brace

Name (Printed or typed)

2575 Cason Lane

Address

Malabar, Florida 32950

City, State & Zip

321-727-7004

Daytime Telephone number

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

**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:

Errol R. Brace INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2575 Cason Lane  
Malabar, Fla. 32950

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

interior and exterior trim carpentry

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Errol R. Brace  
2575 Cason Lane  
Malabar, Fla. 32950  
President

**ARTICLE VI REGISTERED AGENT**

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

Errol R. Brace  
2575 Cason Lane  
Malabar, Fla. 32950

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Errol R. Brace  
2575 Cason Lane  
Malabar, Fla. 32950

\*\*\*\*\*

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/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

Errol R. Brace

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