PO4000085695

(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Add	ress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



400037052624

96/01/04--01047--004 **70.00

OF THE 1- NOT SEED OF THE SEED

TRANSMITTAL LETTER

Department of State Division of Corporations PO Box 6327 Tallahassee, FI 32314

Tallahassee, Fl 32314	
Re: Your Brother's Keeper, Inc.	
Enclosed is an original (and one (1) copy*) referenced entity and an check for:	of the articles of incorporation of the above
\$70.00 Filing Fee	\$122.50 Filing Fee & Cert. Copy*
*Additi	ional Copy of Articles Required
Thank you in advance for your cooperation and questions to:	in this matter. Please address all correspondence

Sherman L. Mccree 2819 16th Ave South St. Petersburg, Fl 33712 Tele. 727-409-1480

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:

Your Brother's Keeper, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

2819 16th Ave South St. Petersburg, FI 33712

ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

1,000

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

Sherman L. Mccree 2819 16th Ave South St. Petersburg, FI 33712

ARTICLE V: INCORPORATOR

Sherman L. Mccree 2819 16th Ave South St. Petersburg, FI 33712

ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: Upon Receipt

Signature/Incorporator

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 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/Registered Agent

Date