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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: DRACS 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 of

Status

ADDITIONAL COPY REQUIRED

FROM:
HOFF OF V

Name (Printed or typed)

Hoffmeier Accounting 5101 NW 21st Ave. Suite 200

Ft Lauderdale, FL 33309 City, State & Zip

154) 735-8770

FAX (954) 733-9220

ARTICLE I NAME The name of the corporation shall be:	
Bracs Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Coconut creek, Fl. 33073	04
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	5 5
	4.
ARTICLE IV SHARES The number of shares of stock is:	FH 2: 30
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address registered agent is:	
6060 N.W. Youth Way	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
6060 N.W. UH+2 WOY	
Coconat Creek Fl. 53013	******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	on at the place designated in this is capacity
I HAME DOO (Stype	-17-0U
Signature/Registered Agent/	te
Y MAMIE OND CHEIM	1-17-OU
Signature/Incorporator //	ate

ARTICLES OF INCORPORATION

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