

P05000135825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

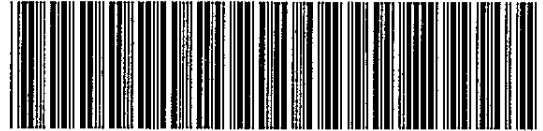
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Brunc 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: Charles Watkins

Name (Printed or typed)

18891 S.E. 66th Street

Address

Ocklawaha, Florida 32179

City, State & Zip

(352) 625-2324

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:

Brunc Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18891 S.E.66th Street
Ocklawaha, Florida 32179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Self and family supporting.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charles D. Watkins
18891 S.E. 66th Street
Ocklawaha, Florida 32179

Michael L. Baum
P.O.1133
Ocklawaha, Florida 32183

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charles D. Watkins
18891 S E 66th Street
Ocklawaha, Florida 32179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael L. BAUM
P.O. Box 1133
Ocklawaha, FL 32183

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



Signature/Incorporator

9/28/05

Date

9/28/05

Date

FILED
05 OCT -3 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA