

P05 000162765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

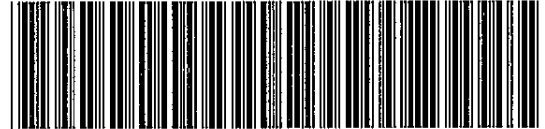
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 DEC 14 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 DEC 14 PM 2:31

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Get it Done Rize
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Leon E. Brannon
Name (Printed or typed)

P.O. Box 6491
Address

Panama City, FL 32404
City, State & Zip

850 871 2621 cell 850 256-8540
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:

Better Done Rize Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O Box 6491 Panama City 719

32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

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):

LEON E. BRAUN ~~owner~~ President

ARTICLE VI REGISTERED AGENT

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

LEON E BRAUN 241 ALPINE WAY
Panama City 719 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEON E BRAUN
P.O. Box 6491
Panama City 719 32404

Effective Date 01-01

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

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA