

P0800008/487

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

*W08-35909*

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08 AUG 28 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*UPL*  
*8/29*

## COVER LETTER

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

SUBJECT: B. R. 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Deborah McLeroy

Name (Printed or typed)

13359 144th Street

Address

Live Oak, Florida 32060

City, State & Zip

386 330-6415

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2008

DEBORAH MCKEROY  
13359 144TH STREET  
LIVE OAK, FL 32060

SUBJECT: B.R., INC.  
Ref. Number: W08000035909

We have received your document for B.R., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) II and VII.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L05000041199 - BR, L.L.C..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 808A00043856

## 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:

D.A.S. Products Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

13359 144th Street  
Live Oak, FL. 32060

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Service

### **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):

Deborah McLeroy      President  
13359 144th Street  
Live Oak, FL. 32060

### **ARTICLE VI REGISTERED AGENT**

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

Deborah McLeroy  
13359 144th Street  
Live Oak, FL. 32060

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Deborah McLeroy  
13359 144th Street  
Live Oak, FL. 32060

\*\*\*\*\*

*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

FILED

08 AUG 28 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Date

  
Date