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(Requestor's Name)

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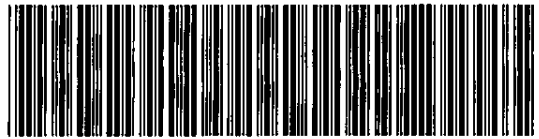
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Brown Roofing Consultant Group, 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	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: William K. Saron, Esq.  
Name (Printed or typed)

1700 66th Street North Suite 205  
Address

St. Petersburg Florida 33710  
City, State & Zip

727-345-4566

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Daytime Telephone number

Wks@saronlaw.com  
E-mail address: (to be used for future annual report notification)

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

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AND  
FILED

**ARTICLES OF INCORPORATION**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

BROWN ROOFING CONSULTANT GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

10 Kay Ct., Oldsmar Florida 34677

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Roof construction consulting and associated matters

**ARTICLE IV SHARES**

The number of authorized shares of stock is:

One Thousand (1000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

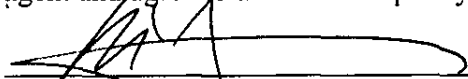
Janelle Reyes  
10 Kay Ct., Oldsmar Florida 34677  
President/Secretary

**ARTICLE VI REGISTERED AGENT**

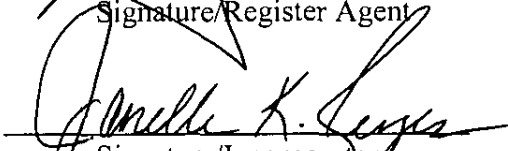
The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

William K. Saron, Esq.  
1700 66<sup>th</sup> Street North, Suite 205  
St. Petersburg Florida 33710

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/Register Agent

11/30/09  
Date

  
Signature/Incorporator

11/30/09  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED