

P10000087030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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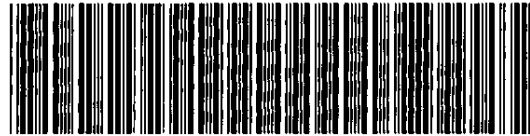
(Business Entity Name)

(Document Number)

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

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OCT 22 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 28 2010

## COVER LETTER

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

SUBJECT: BRICE RANCH, 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: ANTHONY V. BRICE  
Name (Printed or typed)

2936 S. Circle DR.  
Address

INVERNESS, FL 34450  
City, State & Zip

352-344-1277  
Daytime Telephone number

cmbmedic 11@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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** BRICE RANCH, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

3798 S CORMORANT TERRACE  
INVERNESS, FL 34450

Mailing address, if different is:

2936 S CIRCLE DR  
INVERNESS, FL 34450

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
All activities legal in the state of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: ANTHONY V BRICE  
Address: PRESIDENT  
2936 S CIRCLE DR  
INVERNESS, FL 34450

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ANTHONY V BRICE  
Address: 2936 S CIRCLE DR  
INVERNESS, FL 34450

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

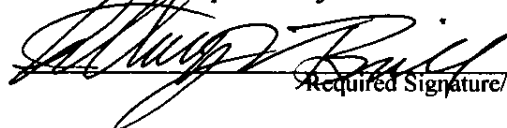
Name: ANTHONY V BRICE  
Address: 2936 S CIRCLE DR  
INVERNESS, FL 34450

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10-21-2010  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

10-21-2010  
\_\_\_\_\_  
Date

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