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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

**COPY**

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

**SUBJECT:** BRIAN REED CADDY, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** BRIAN REED

\_\_\_\_\_  
Name (Printed or typed)

6605 PORTLAND OAK COURT

\_\_\_\_\_  
Address

TAMPA, FL 33647

\_\_\_\_\_  
City, State & Zip

813-405-8917

\_\_\_\_\_  
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:

BRIAN REED CADDY, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

BRIAN REED  
6605 PORTLAND OAK CT, TAMPA, FL 33647

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CADDY SERVICES

## **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):

BRIAN REED - PRESIDENT  
6605 PORTLAND OAK CT, TAMPA, FL 33647

## **ARTICLE VI REGISTERED AGENT**

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

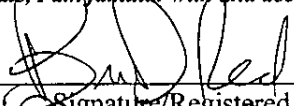
BRIAN REED  
6605 PORTLAND OAK CT, TAMPA, FL 33647

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRIAN REED  
6605 PORTLAND OAK CT, TAMPA, FL 33647

\*\*\*\*\*  
*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

1-1-2011

\_\_\_\_\_  
Date

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

1-1-2011

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA