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11 MAY -9 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BRAUN'S TRANSMISSIONS AND TOTAL CAR CARE 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: MELONY AND CARL BROWN
Name (Printed or typed)

43 SOUTH POMPANO PKWY # 248
Address

POMPANO BEACH, FL 33069
City, State & Zip

817-704-8697
Daytime Telephone number

melonybrown@att.net
E-mail address: (to be used for future annual report notification)

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

mbrown 5/4/11

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:

BRAUN'S TRANSMISSIONS AND TOTAL CAR CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

43 SOUTH POMPANO PKWY # 248

POMPANO BEACH, FL 33069

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The nature of the business and the purposes to be transacted are to engage in and to have unlimited power to do any lawful act concerning any and all lawful business for which corporation may be incorporated under the provisions of the Florida corporation law.

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELONY BROWN PRES.

Address: 43 SOUTH POMPANO PKWY # 248

POMPANO BEACH, FL 33069

Name and Title: CARL BROWN DIR.

Address: 43 SOUTH POMPANO PKWY #

POMPANO BEACH, FL 33069

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: MELONY BROWN

Address: 43 SOUTH POMPANO PKWY # 248

POMPANO BEACH, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELONY BROWN

Address: 43 SOUTH POMPANO PKWY # 248

POMPANO BEACH, FL 33069

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

Melony Brown

Required Signature/Registered Agent

05/04/2011

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.

Melony Brown

Required Signature/Incorporator

05/04/2011

Date

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11 MAY - 9 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA