

P 12000016032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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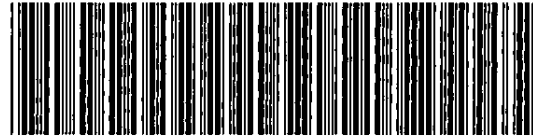
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 15 AM 9:43

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J. Shivers FEB 16 2012

COVER LETTER

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

SUBJECT: A Brwn Professional Services 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: Angelia Brown
Name (Printed or typed)

2639 Edgewater Falls Dr
Address

Brandon, FL 33611
City, State & Zip

813-520-3554
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

A Brwn Professional Services Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2639 Edgewater Falls Dr
Brandon, FL 33611

Mailing address, if different is:
2639 Edgewater Falls Dr
Brandon, FL 33611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Angelia Brown</u>	Name and Title: _____
Address: <u>2639 Edgewater Falls Dr</u>	Address: _____
<u>Brandon, FL 33611</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Angelia Brown
Address: 2639 Edgewater Falls Dr
Brandon, FL 33611

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angelia Brown
Address: 2639 Edgewater Falls Dr
Brandon, FL 33611

Having been named as registered agent to accept service of process for the above stated corporation in the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Angelia Brown
Required Signature/Registered Agent

01/20/2012
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.

Angelia Brown
Required Signature/Incorporator

01/20/2012
Date

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TALLAHASSEE, FLORIDA