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(Requestor's Name)				
(Address)				
· (Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to I	Filing Officer:			

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COVER LETTER

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

Tallahassee, FL 32314				
SUBJECT: BRIMER C	VIELDEISES, INC. TENAME 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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
	_			
FROM: ROBERT A.	Crinted or (yped)			
3179 FERNS CIEN DR.				
TALKAHANG City, S	FE FL 32309 State & Zip			
850 - 6-44- C	893-6038 elephone number			
E-mail address: (to be used	MER @ GMAIL. COM 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 No.	AME bration shall be: BRIMEL EN	TELPRISES,	INC.	
ARTICLE II PI	RINCIPAL OFFICE Principal street address 179 FERNS BLEW DRIVE	•	Mailing address, if different is:	
7	ALLAHASSEE, FL3230			
<u>```</u>	TRAINING TRAINING			
Comuc	ing AND TRAINING			
ARTICLE IV SI	HARES of stock is:			
	NITIAL OFFICERS AND/OR DIRECTOR			
Name and Title: Address:	KEBECCA S. BUMEL	Name and Title: Address:		
Address.	3/79 FERMS GEN DEN	£		
	TALLAHANGE FC 3230	9		
Name and Title	LOBERT A. BULMER	Name and Title:		
Address:	Peksipers			
	-SAME 3179 FRENS CHEN L	PIVE		
•	TAUAHANGE, FC 3230	9		
Name and Title:	:	Name and Title:		
Address:		Address:	77.0	
		 	7	
			Lourence	
	EGISTERED AGENT			
	a street address (P.O. Box NOT acceptable) of	the registered agent is:	SS - 6	
Name:	POBELL A. BRYMEL	_		
Address:	3/79 FELDY GUEN US TAUAHASSEE, FL 323	09		
	promise, it	-9/	- 55 % D	
	ICORPORATOR		<u> </u>	
The name and addres	ss of the Incorporator is:	/	A	
Address:	3179 FEM 15 15 15 15	=		
1100000	TAMAHAME A 32	<u>3</u> 3 09		
Unviva base samed	1	- C dia nitana atata di annon		
this certificate. I am fa	as registered agent to accept service of process unflight with and accept the appointment as reg.	s jor me above statea corport istered avent and avree to act	in this canacity	
MU			2//6//2_	
110	Required Signature/Registered Agent	 _	Date	
Loubinit this dohoma	nt and offirm that the facts stated herein are	true I am aware that the Co	ulsa information submitted in a	
	nt and agirm that the facts stated herein are arty ent of State constitutes a third degree felon			
		, <u></u>	-/11 /1-	
MX.	1// 2		4/19/12	
	Required Signature/Incorporator	· <u>- </u>	Date	