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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLOREN

T. Buron FEB 1728

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: B&TR Marketing, 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 & Certificate of Status \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Filing Fee & Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: G. Bruce Richter
Name (Printed or typed)
22439 Southshore Dr. Address
Land O' Lakes, FL 34639 City, State & Zip
813-428-6779 Daytime Telephone number
brichter6@tampabay.rr.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME B&TR Marketing, Ir	nc.	
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	22439 Southshore Dr.		
	Land O' Lakes, FL 34639		
A DOMOLES III	PURPOGR		
ARTICLE III	*******		
	which the corporation is organized is: rketing and financial assistance to	the general publi	c on a contractual basis. C. B ruce
			(a)
			NEC ALE
			FEB CAHA
ARTICLE IV	SHARES		ASA T
	ares of stock is: /b		FILE 116 P ASSEE,
	,		CF PR
	INITIAL OFFICERS AND/OR DIREC		
Name and			:Theresa A. Richter, Vice-Presider
Address:	22439 Southshore Dr.	Address:	
	Land O' Lakes,FL 34639		Land O' Lakes, FL 34639
Name and	Title:	Name and Titl	ρ-
Address:		Address:	Y' <u></u>
Name and	Title:	Name and Title	e:
Address:		Address:	
ADMIOLES IN			
	REGISTERED AGENT orida street address (P.O. Box NOT accepta	hle) of the registered aga	ont ic
Name:	G. Bruce Richter		AIL 15.
Address:	22439 Southshore Dr.		
	Land O' Lakes FL 34639		
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	G. Bruce Richter	,	
Address:	22439 Southshore Dr.		
	Land O' Lakes,FL 34639		
Havino been nan	ned as registered agent to accept service of p	aracess for the above st	ated cornoration at the place designated in
	am familiar with and accept the appointment		
17 14	Anna Ralta		4/46/0040
11/	Required Signature/Registered Ager		<u>1/16/2012</u> Date
l cuhwit thin das			
i suumu inis aoc document <u>to the</u> L	ument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am award felony as provided for i	e tnat tne jaise information submitted in a in s.817.155, F.S.
<i></i>			•
and u	nel Section		1/16/2012
	Required Signature/Incorporator		Date