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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/23/12

COVER LETTER

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

SUBJECT: Braddelford, 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: LeaAnn Lombardi

Name (Printed or typed)

11 Ocean Woods Dr W

Address

St Augustine, FL 32080

City, State & Zip

904 814 8557

Daytime Telephone number

Stonec925@hotmail.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 INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Braddelford, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11 Ocean Woods Dr W
St Augustine, FL 32080

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sale, promotion and facilitation of the creation of arts and crafts

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LeaAnn Lombardi, Pres
Address: 11 Ocean Woods Dr W
St Augustine, FL 32080

Name and Title: _____
Address: _____

Name and Title: LeaAnn Lombardi, Treas, Secretary
Address: 11 Ocean Woods Dr W
St Augustine, FL 32080

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: LeaAnn Lombardi
Address: 11 Ocean Woods Dr W
St Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LeaAnn Lombardi
Address: 11 Ocean Woods Dr W
St Augustine, FL 32080

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

Required Signature/Registered Agent

02/20/2012

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.

Required Signature/Incorporator

02/20/2012

Date

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