

P/2000030823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900225759569

03/29/12--01029--003 \*\*78.75

FILED  
12 MAR 29 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h* 03/30/12

## COVER LETTER

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

SUBJECT: CRESTEN BROWN 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: CRESTEN BROWN  
Name (Printed or typed)

465 20th Ave  
Address

Indian Rocks Beach, FL 33785  
City, State & Zip

727-644-5402  
Daytime Telephone number

cjbrown0801@yahoo.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**      **CRESTEN BROWN INC**  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
465 20TH AVE  
INDIAN ROCKS BEACH, FL 33785

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**INCORPORATION TO "S" CORP**

**ARTICLE IV SHARES**  
The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Cresten Brown, Pres.</u>	Name and Title: _____
Address: <u>465 20th Ave</u>	Address: _____
<u>Indian Rocks Beach, FL 33785</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:

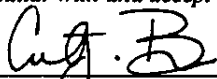
Name: Cresten Brown  
Address: 465 20th Ave  
Indian Rocks Beach, FL 33785

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cresten Brown  
Address: 465 20th Ave  
Indian Rocks Beach, FL 33785

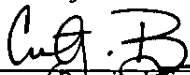
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

03.26.12

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

03.26.12

Date

FILED  
12 MAR 29 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA