

P12000052688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

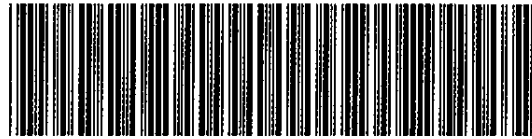
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/08/12--01015--008 \*\*78.75

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12 JUN -8 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FL 32392

RECEIVED JUN 14 2012

*No copy*

## COVER LETTER

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

SUBJECT: Brandon Rimes, P.A.

(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: Brandon Rimes

Name (Printed or typed)

10407 La Mirage Ct.

Address

Tampa, FL 33615

City, State & Zip

813-917-1894

Daytime Telephone number

brandon@brandonrimes.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: Brandon Rimes, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6601 Memorial Hwy #209, 210  
Tampa FL 33615

Mailing address, if different is:  
10407 La Mirage Ct.  
Tampa, FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide the public with professional real estate services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Brandon Rimes  
Address: 10407 La Mirage Ct.  
Tampa FL 33615

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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:

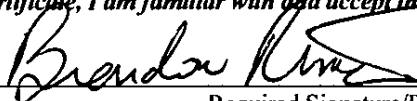
Name: Brandon Rimes  
Address: 10407 La Mirage Ct.  
Tampa FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brandon Rimes  
Address: 10407 La Mirage Ct.  
Tampa FL 33615

*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*

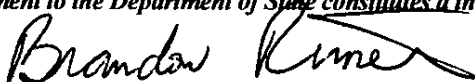


Required Signature/Registered Agent

05/29/2012

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

05/29/2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FL 32312