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(Re	equestor's Name)			
(Ac	ldress)			
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(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	Office Use On	ly		



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COVER LETTER

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

SUBJECT: Browyville, Corp.					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
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 & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL C	OPY REQUIRED			
FROM: Ilene Sandberg Name (Printed or typed)					
290 Peacock Boulevard Unit 880554 Address					
Port Saint Lucie, Florida 34986 City, State & Zip					
561/863-3000 Daytime Te	elephone number				
browyville@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 The name of the co	NAME Browyville, Corp.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Ma	iling address, if different is:
_	90 Peacock Boulevard		· · · · · · · · · · · · · · · · · · ·
	nit 880554		
P.	ort Saint Lucie, Florida 34986	····-	
ARTICLE III	PURPOSE		77./A _
	hich the corporation is organized is:		
	nd Sales of New and Used Merchandis	se.	AUG T
ARTICLE IV	<u>Shares</u>		FILED TANGENING ALSSE FILED
The number of shar	es of stock is: 1UU		<u>†</u> ₩ 3
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		-
		Name and Title:	
Address:	290 Peacock Boulevard		
	Unit 880554		
	Port Saint Lucie, Florida 34986		
Name and Ti	tle: <u>Ilene Sandberg</u>	Name and Title:	
Address:	290 Peacock Boulevard	Address:	
	<u>Unit 880554</u>	<u> </u>	
	Port Saint Lucie, Florida 34986		
Name and Ti	ile:	Name and Title	
Address:			
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ARTICLE VI	REGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable) of th	e registered agent is	:
Name:	llene Sandberg		
Address:	290 Peacock Boulevard, Unit 880554	,	
	Port Saint Lucie, Florida 34986		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	llene Sandberg		
Address:	290 Peacock Boulevard, Unit 880554		
	Port Saint Lucie, Florida 34986		
Having been name this certificate, I an	d as registered agent to accept service of process for a familiar with and accept the appointment as registe	or the above stated ered agent and agre	corporation at the place designated in see to act in this capacity
coQQ	10 Sandliki C Required Signatuse/Registered Agent		08/05/2012
	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein are tr partment of State constitutes a third degree felony a		ut the false information submitted in a
\bigcap	0		
VURN	0 × andbeir		08/05/2012
	Required Signature/Incorporator		Date

ARTICLE VIII In Case of the death of either partner, the entire company, known as Browyville, Corp.including all of the inventory and assets will be immediately and completely owned by the other partner. This article overrides any and all wills or court orders.

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