

P12000098653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

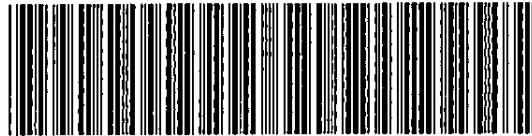
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/12--01012--022 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2012 DEC -3 PM 12:37
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 DEC -3 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
12/3/12

COVER LETTER

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

SUBJECT: BRETT & ROSS ENTERPRISES 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: BRETT F. HOWELL
Name (Printed or typed)
16876 CR 137
Address
WELLBORN FL 32094
City, State & Zip
904-994-9422
Daytime Telephone number
BANDEITOWELL@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)

FILED

12 DEC -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: BRETT & ROSS ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16876 CR 137
WELLBORN FL 32094

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PERFORM INTERIOR CONSTRUCTION SERVICES
RESIDENTIAL AND COMMERCIAL AND SUCH OTHER BUSINESS AUTHORIZED BY
FLORIDA STATUTES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSS NUNAN DIRECTOR #1 Name and Title: _____
Address: 16917 37TH PLACE PILESIDE Address: _____
LAKE CITY FL 32024

Name and Title: BRETT F. HOWELL DIRECTOR #2 Name and Title: _____
Address: 16876 CR 137 VICE PRESIDENT Address: _____
WELLBORN FL

Name and Title: F. E. HOWELL DIRECTOR #3 Name and Title: _____
Address: 540 BARBARA LN SECRETARY/TREASURER Address: _____
JACKSONVILLE BEACH FL 32250

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

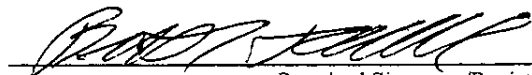
Name: BRETT F. HOWELL
Address: 16876 CR 137
WELLBORN FL 32094

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: F. E. HOWELL
Address: 540 BARBARA LN
JACKSONVILLE BEACH FL 32250

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

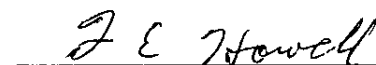


Required Signature/Registered Agent

12-3-2012

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

12-3-2012

Date