

8/9/2013 01:01:03 F To: 8506176381

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
Bryton Properties Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

*Handwritten signature and date: 08/12/13*

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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Bryton Properties 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:** Bernard Ferer

**Name (Printed or typed)**

**8830 Villa View Circle #204**

**Address**

Orlando, FL 32821

City, State &amp; Zip

Daytime Telephone number

**bphairer@gmail.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: Bryton Properties Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

8830 Villa View Circle #204

Orlando, FL 32821

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate, stocks

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Bernard Ferer, President

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

Address: 8830 Villa View Circle #204

Address: \_\_\_\_\_

Orlando, FL 32821

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(omit.)

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: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bernard Porter  
Address: 1346 Sheridan Drive  
Tonawanda, NY 14150

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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

By: Sharon R. Kresz Sharon R. Kresz 8/9/13  
Required Signature/Registered Agent Assistant Secretary 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.

B. Porter Required Signature/Incorporator 8/7/13  
Date