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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| . (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| <u> </u> | | |

Office Use Only



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13 SEP 16 PM 3: 40

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 CFP 16 PM 3: 1.0



COVER LETTER

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

| SUBJECT: IFB | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
|----------------------|--|--|---|
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED |

| DANIELA F. BRINK |
|--|
| Name (Printed or typed) |
| 1100 GROVE PARK CIRCLE |
| Address |
| BOYNTON BEACH, FL 33436 |
| City, State & Zip |
| 561-921-7755 |
| Daytime Telephone number |
| 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) SECIKETARY OF STATE

SECIKETARY OF STATE

OLYISLEY OF CORPORATION

| ARTICLE I NAM The name of the corpora | TE tion shall be: IFB ENTERPRISE | S, INC. | 13 SEP 1.6 PM 3: 40 |
|---|---|-----------------|-----------------------------------|
| | NCIPAL OFFICE | | • |
| 1100 GROVE | Principal street address PARK CIRCLE | Γ | Mailing address, if different is: |
| BOYNTON BI | EACH, FL | | |
| 33426 | | | |
| ARTICLE III PUR The purpose for which t | POSE the corporation is organized is: | ND ALL LA | WFUL BUSINESS |
| | | | |
| , | | | |
| | | • | |
| , | | | |
| | stock is: 1500 FIAL OFFICERS AND/OR DIRECTOR | <u>s</u> | |
| Name and Title | DANIELA F. BRINK (PRESIDENT) | Name and Title: | |
| Address | 1100 GROVE PARK CIRCLE | Address: | |
| | BOYNTON BEACH, FL | . , , | |
| • | 33436 | | |
| Name and Title: | | Name and Title: | |
| Address | | | • |
| | | | , • |
| | | • | |
| | | • | |
| Name and Title: | · | Name and Title: | AT III - ANI |
| Address | • | Address: | |
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| Address | Address: | |
|---|--|---|
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent | ıt ic· |
| Name: | DANIELA F. BRINK | V 107 |
| Address: | 1100 GROVE PARK CIRCLE | |
| Address. | BOYNTON BEACH, FL 33436 | |
| | | |
| ARTICLE VII | INCORPORATOR | |
| The <u>name and ac</u> | Idress of the Incorporator is: | |
| Name: | DANIELA F. BRINK | |
| Address: | 1100 GROVE PARK CIRCLE | |
| | DOWNTON BEACH, EL 22426 | |
| | BOYNTON BEACH, FL 33436 | |
| | ned as registered agent to accept service of process for the above state | |
| this certificate, I | ned as registered agent to accept service of process for the above state am familiar with and accept the appointment as registered agent and a | |
| this certificate, I | ned as registered agent to accept service of process for the above state | igree to act in this capacity |
| this certificate, I dead this certificate, I dead. I submit this doc | ned as registered agent to accept service of process for the above state am familiar with and accept the appointment as registered agent and a US F. BUNK / DANIGLA F. BRINK | ogree to act in this capacity 09/12/2013 Date hat the false information submitted in |

SECRETARY OF STATE OIVISION OF CORPORATIONS