

(Requestor's Name)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Brain Organizer	- Corp
	(CORPORATE NAME)	(DOCUMENT #)
2.		· · · · · · · · · · · · · · · · · · ·
3.	(CORPORATE NAME)	(DOCUMENT #) CRETARY
	(CORPORATE NAME)	(DOCUMENT#) ESTAN 8: 2
	Walk-In Pick up time:	Certified Copy Certificate Of Status

	New Filings	
V	Profit	
	Non-Profit	
	Limited Liability	
	Other:	

Amendments -
Amendments
Resignation
Dissolution/Withdrawal
Other:

Other fallings
Annual Report
Fictitious Name
Apostille:
Other:

ARTICLES OF INCORPORATION OF BRAIN ORGANIZER CORP

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

BRAIN ORGANIZER CORP

Article II - Principal Office

The principal place of business shall be:

7855 SW 82 CT MIAMI, FL 33143

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

Article IV - Purpose

To carry on and engage in any lawful business.

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

LORENZA ABAROA 7855 SW 82 CT MIAMI, FL 33143

Article VI - Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

Name	Title	Address	Shares
LORENZA	PRESIDENT	7855 SW 82 CT	50%
ABAROA	SECRETARY VICE-PRESIDENT	MIAMI, FL 33143	
GABRIEL ABAROA	VICE-PRESIDENT	7855 SW 82 CT MIAMI, FL 33143	50%
		·	

Article VII Directors

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

10 day of October 2013

LORENZA ABAROA

GABRIEL ABAROA

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Status, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the Corporation is: ${\bf BRAIN\ ORGANIZER\ CORP}$
- 2. The name and address of the registered agent and office is:

LORENZA ABAROA 7855 SW 82 CT MIAMI, FL 33143 13 OCT 16 AH 8: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

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