

P/300008623/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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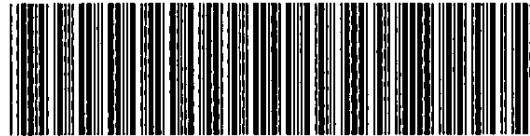
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Brian Davis Plumbing, Fire Protection, and Gas Services, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tracie Davis
Name (Printed or typed)

PO Box 99
Address

Fellsmere FL 32948
City, State & Zip

772-571-8200
Daytime Telephone number

office@briandavisseptic.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: Brian Davis Plumbing, Fire Protection, and Gas Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

7200 84th Ave

Vero Beach FL 32967

Mailing address, if different is:

PO Box 99

Fellsmere FL 32948

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to do plumbing new construction and repairs
fire protection and gas services

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracie Davis Pres

Name and Title: _____

Address PO Box 99

Address: _____

Fellsmere FL 32948

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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DIVISION OF CORPORATIONS

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: Robert W. Brombach
Address: 12525 79th St
Fellsmere FL 32948

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tracie Davis
Address: PO Box 99
Fellsmere FL 32948

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

Robert W. Brombach
Required Signature/Registered Agent

10/11/13
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.

Tracie Davis
Required Signature/Incorporator
TRACIE DAVIS

10.11.13
Date