Requestor's Name)	
(Address)	400255549614
(City/State/Zip/Phone #)	01/21/1401009015 **87.50
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	NIVISION OF COR
Office Use Only	40 10 10 10 10 10 10 10 10 10 1
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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

ROWNING ? **SUBJECT:** LUDE SUFFIX) (PRC

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

STO.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 PY REQUIRED
FROM:		V BRDWN (Printed or typed) (ER DRIVe	
	EAST PAL	ATKA, FZ State & Zip	32131
		546-0994 elephone number	<u> </u>
	rwb1@beils E-mail address: (to be use		notification)

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NOTE: Please provide the original and one copy of the articles.

. t	ARTICLES OF INCORPO	RATION	Wiscon .
· · · · · · · · · · · · · · · · · · ·	In compliance with Chapter 607 and/or Ch		14 02030
ARTICLE I NAM The name of the corporat	ion shall be: Browning + He	bbs, Inc.	
	VCIPAL OFFICE Principal street address	Mailing address, if	74 JAN 21 CARS OF A CARS
225 RI	ER DRIVE		
EAST PAL	ATKA, FL		
32	131		
	he corporation is organized is: <u>TO PARTIC</u>		
INDUSTRY	AND TRANSACT ANY C H CORPORATIONS MAD	RALL LAWFU	L BUSINESS
FOR WHIC	H CORPORATIONS MA	BE INCORPO.	RATED
LENDER CA	LAPTER GOT, FL STAT	UTES.	
	و کې و د کې د حاود حاول د د کې د د د وی د د د وی د کې و د سر د د وی د کې د د د کې د د د کې د د د کې د د د کې د		
ARTICLE IV SHA The number of shares of		_	
	TIAL OFFICERS AND/OR DIRECTORS	seen /mens.	
Name and Title	BOBERT W. BROWNING, PRESA	/	
Address	225 RIVER DRIVE Add	iress:	
	EAST PALATRA, FL 32/3/		
Name and Title	RONALDE. HOBBS, Vice PIRS	he and Title:	
Address	135 OCOFE HILLS CIRLES		
	CLEVEZAND, TN 37323		
	· · · · · · · · · · · · · · · · · · ·		
Name and Title	: Na	ne and Title:	······································
Address	Ad	dress:	
			<u></u>

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Name and Title:
Address:
-

ARTICLE VI REGISTERED AGENT

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

Name:

. . **L**

Address:

R.W. BROWNING 225 RIVER DR. PALATKA, FL 32131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

R.W. BROWNING 225 RIVER DR. PALATKA, FI 32131

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

<u>_____</u> Date

(conti)

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

1-17-14

Date