

PK1000011809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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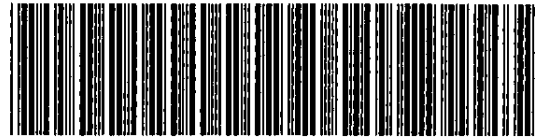
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/14--01037--014 **70.00

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14 FEB -3 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 2/7

COVER LETTER

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

SUBJECT: **British Feed Radio 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: **Loring Hart-Woods**

Name (Printed or typed)

14589 Southern Blvd.

Address

Loxahatchee Groves, FL 33470

City, State & Zip

561-633-6003

Daytime Telephone number

info@thebritishfeedcompany.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: British Feed Radio Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14589 Southern Blvd.

Loxahatchee Groves, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Loring Hart-Woods, P

Name and Title: _____

Address 15201 Timberlane Pl.

Address: _____

Loxahatchee Groves, FL 33470

Name and Title: David Wills, VP

Name and Title: _____

Address 15201 Timberlane Pl.

Address: _____

Loxahatchee Groves, FL 33470

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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RECEIVED STATE
AT TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Loring Hart-Woods

Address: 14589 Southern Blvd.

Loxahatchee Groves, FL 33470

ARTICLE VII INCORPORATOR

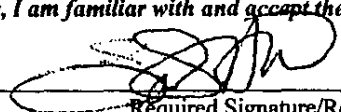
The name and address of the Incorporator is:

Name: Loring Hart-Woods

Address: 14589 Southern Blvd.

Loxahatchee Groves, FL 33470

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

Feb. 1 2014

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.



Required Signature/Incorporator

Feb. 1 2014

Date