

P/4000042850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

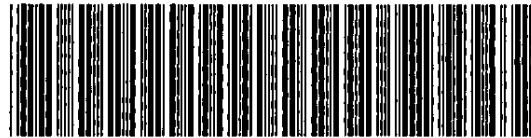
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300259950093

05/12/14--01033--010 **87.50

FILED

14 MAY 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/14/14

COVER LETTER

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

SUBJECT: Bray & Bray Accountants, A Profesional Corporation

(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: David C Bray EA

Name (Printed or typed)

1817 Augustine Drive

Address

The Villages, FL 32159-8543

City, State & Zip

(831) 277-4566

Daytime Telephone number

DavidBrayEA@gmail.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: Bray & Bray Accountants, A Professional Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1817 Agustine Drive, The Villages FL 32159

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the profession of
accountancy and any other lawful activity (other than the banking or trust
company business) not prohibited to a corporation engaging in such
profession by applicable laws and regulations.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred Thousand (100,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David C Bray EA
Address: 1817 Agustine Drive
The Villages, FL 32159

Name and Title: Rachel C Bray
Address: 1817 Agustine Drive
The Villages, FL 32159

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
14 MAY 12 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: David C. Bray
Address: 1817 Augustine Drive
The Villages, FL 32159


FILED
14 MAY 12 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David C Bray
Address: 1817 Augustine Drive
The Villages, FL 32159

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

May 5, 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

May 5, 2014
Date