

P140000 48890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

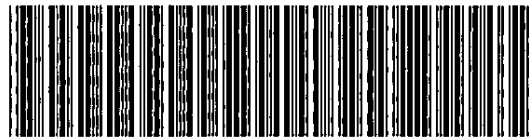
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05/07/14--01016--009 **70.00

14 JUN -2 PM 3:31
DIVISION OF REVENUE

COVER LETTER

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

SUBJECT: **Brewin Tech, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **Revenei Doxa**

Name (Printed or typed)

1231 sw Crost Ave

Address

Port St Lucie, FL 34953

City, State & Zip

772-267-3889

Daytime Telephone number

brewintech@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: Brewin Tech, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1231 SW Crost Ave

Port St Lucie, Fl

34953

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Help people around the world save money in purchasing best quality electronic devices and miscellaneous in whoiesale, retail and online.

ARTICLE IV SHARES 1000

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Revenel Doxa, P

Address: 1231 SW Crost Ave

Port St Lucie, Fl

34953

Name and Title: N/A

Address:

Name and Title: Wildy A Doxa, VP

Address: 1231 SW Crost Ave

Port St Lucie, Fl

34953

Name and Title: N/A

Address:

Name and Title: N/A

Address:

Name and Title: N/A

Address:

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DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

(cont.)

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Revenel Doxa
Address: 1231 Sw Crost Ave
Port St Lucie, FI 34953

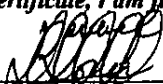
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Revenel Doxa
Address: 1231 Sw Crost Ave
Port St Lucie, FI 34953

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DIVISION OF CORPORATE REGISTRATION

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

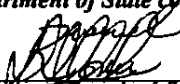


Required Signature/Registered Agent

5/27/2014

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

5/27/2014

Date