## P14000052494

(Red	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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SECRETARY OF STATE

N 06/17/4

## **COVER LETTER**

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

SUBJECT: Brad	dley Bunn Enter	prises INC.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 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 PPY REQUIRED
FROM: B	radley Bunn		
	Nam	e (Printed or typed)	
10	1808 Great White	enake I n	

Brad1882@gmail.com
E-mail address: (to be used for future annual report notification)

Address

City, State & Zip

Daytime Telephone number

Thonotosassa, FL 33592

(813) 480-4325

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)

10808 Gre	Principal street address at Whiteoaks Ln	P.O.	Mailing addres Box 47	s, if different is:
Thonotosassa, FL 33592		Thonotosassa, FL 33592		
				SECULO UNI
	ITIAL OFFICERS AND/OR DIRECTOR	<del></del>	NI/Δ	FILED W 16 PH 1: 29 WSCEE, FLORIDA
	10808 Great Whiteoaks Ln	Name and Title	<u> </u>	
Address		Address:		
Address	Thonotosassa, FL 33592	_ Address:		
Address  Name and Titl	Thonotosassa, FL 33592		N/A	
	Thonotosassa, FL 33592	. Name and Title	N/A	
Name and Titl	Thonotosassa, FL 33592 N/A	Name and Title Address:		

Name: Address:  The name and Florida str.  Bra  1080  Tho	STERED AGENT reet address (P.O. Box NOT acceptable) o dley Bunn O8 Great Whiteoaks Ln	_ Address: - f the registered ag	ent is:
Name: Address:  The name and Florida str  Bra  1080  Tho	reet address (P.O. Box NOT acceptable) of dley Bunn O8 Great Whiteoaks Ln	f the registered ag	ent is:
Name: Address:  Tho	dley Bunn 08 Great Whiteoaks Ln	-	<b>, , , , , , , , , , , , , , , , , , , </b>
Address: 1080	08 Great Whiteoaks Ln	-	
Tho	notococc		30.40
ARTICLE VII INCO	onotosassa	_	ALECTED IN TO
	RPORATOR		
The <u>name and address</u> of	the Incorporator is:		B. B. C
Name: B	radley Bunn	_	# 2 # 2
Address:	0808 Great Whiteoaks Ln		9
	honotosassa FL, 33592	-	
Having been named as re, this certificate, I am famili	gistered agent to accept service of proces. iar with and accept the appointment as re	s for the above st gistered agent and	ated corporation at the place designated in d agree to act in this capacity
Radley R	Sam		06/11/2014
2 way 2	Required Signature/Registered Agent		Date
I submit this document as document to the Departme	nd affirm that the facts stated herein are ent of State constitutes a third degree felor	true. I am awar ny as provided for	e that the false information submitted in a in s.817.155, F.S.
Bralley B	•		06/11/2014
	Required Signature/Incorporator		Date