

P14000083931

10-14 02:51 AM  
Division of Corporations

Page 1 of 1

5

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: ssack5415@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
BRYSTA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

H14000235331 3

**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: BRYSTA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address23189 VIA STELBOCA RATON, FL 33433

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE MANAGEMENT AND INVESTMENT**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SANDRA SACKS, PRES Name and Title: \_\_\_\_\_Address: 23189 VIA STEL Address: \_\_\_\_\_  
BOCA RATON, FL 33433 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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H14000235331 3

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(cont.)

H14000235331 3

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: SANDRA SACKS  
Address: 23189 VIA STEL  
BOCA RATON, FL 33433

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: SANDRA SACKS  
Address: 23189 VIA STEL  
BOCA RATON, FL 33433

*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*

*Sandra Sacks*  
Required Signature/Registered Agent

10-7-14  
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.*

*Sandra Sacks*  
Required Signature/Incorporator

10-7-14  
Date

H14000235331 3

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