

P14000094210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

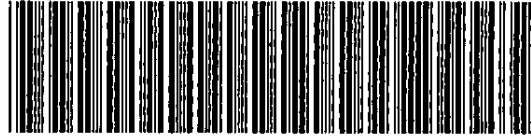
(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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11/17/14--01034--012 \*\*78.75

14 NOV 17 AM 9:01

EFFECTIVE DATE

-1-1-75

NOV 20 2014

S. GILBERT

## COVER LETTER

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

SUBJECT: **BRON CO.**

(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: **STEPHEN HIRST**

Name (Printed or typed)

**3640 MAULE ROAD**

Address

**PENSACOLA, FL 32503**

City, State & Zip

**850-478-3395**

Daytime Telephone number

**HIRSTFAMILYMOTORS@HOTMAIL.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: **BRON CO.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**8417 N. PALAFOX STREET**

**PENSACOLA, FL 32534**

11 NOV 17 AM 9:01  
Mailing address, if different is: 01

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **INDEPENDANT AUTO DEALER AUTO SALES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **STEPHEN HIRST C.E.O.**

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

Address **3640 MAULE ROAD**

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

**PENSACOLA, FL 32503**

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(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: STEPHEN HIRST

Address: 3640 MAULE ROAD

PENSACOLA, FL 32503

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: STEPHEN HIRST

Address: 3640 MAULE ROAD

PENSACOLA, FL 32503

*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

11-11-14  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11-11-14  
Date

# **ARTICLES OF INCORPORATION**

## **ARTICLE VIII EFFECTIVE DATE**

Effective: January 1, 2015