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(Requestor's Name)				
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<u></u>				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

- 01/30/15

COVER LETTER

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

Broadmoor, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	inal and one (1) copy of the ar \$78.75 Filing Fee	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee \$78.75	

FROM:	Michael Moore	
	Name (Printed or typed)	
	15086 86th Road N	
	Address	
	Loxahatchee, FL 33470	
	City, State & Zip	
	561-301-4825	
	Daytime Telephone number	
	moore94@bellsouth.net E-mail address: (to be used for future annual report notification)	
	E-man address. (to be used for ruture 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)

The name of the corporat	E Broadmoor, Inc	· · · · · · · · · · · · · · · · · · ·			
	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is: same as principal address		
Loxahatchee,	FL 33470				
	POSE he corporation is organized is:				
	dustrial equipment/mate	rials			
				. 9	
				SECRETA VISION OF	
				F CORPO	
ARTICLE IV SHA The number of shares of				3: 24	
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECT		B 1114 . B		
Name and Title	Michael Moore, Preside	Name and Title	Daniel Kent Bı		
Address	15086 86th Road N	Address:	Vice Presiden	<u>t</u>	
	Loxahatchee, FL 33470	0	629 SW 4th C		
			Hallandale, Fl	L 33009	
Name and Title:		Name and Title		· · · · · · · · · · · · · · · · · · ·	
Address		Address:			
					
Name and Title:		Name and Title	:		
Address		Address:		 	

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Michael Moore	
Address:	15086 86th Road N	- 15
	Loxahatchee, FL 33470	JAN
ARTICLE VII	INCORPORATOR	FILED TARY OF OF CORPC 23 PM
The <u>name and ad</u>	dress of the Incorporator is:	STATE DRATION 3: 24
Name:	Arlene Pollock	- 54
Address:	14421 82nd Lane N	<u></u>
	Loxahatchee, FL 33470	<u> </u>
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
Michael Moor	e Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	10
Arlene Politoc	Required Signature/Incorporator) - 9 - 2015 Date