PK000043640

·-· (De	augustada Nama)		
(RE	(Requestor's Name)		
(Ad	(Address)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
(BL	usiness Entity Nam		
(=:	-	,	
(1)6	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:	1	
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Office Use Only



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04/30/15--01012--009 **78.75

15 APR 30 PN 1: 53

WS-3201A

COVER LETTER

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

SUBJECT: Berr Co	., Inc.		
	(PROPOSED CORPOR	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 & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:		e (Printed or typed)	
923	0 120th Street N.	Address	
Sen	ninole, FL. 33772	Addiess	
	City	, State & Zip	
727	-641-1959		
	Daytime	Telephone number	
bing	gberringer@gmail.com		
 -	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



May 6, 2015

NORMAN BERRINGER 9230 120TH ST N SEMINOLE, FL 33772

SUBJECT: BERR CO., INC. Ref. Number: W15000032064

We have received your document for BERR CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 915A00009420



COVER LETTER

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

SUBJECT: Berr C	o Sales, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	* · · · ·	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Name	e (Printed or typed)	
		Address	
Se	minole, FL. 33772		
	City,	, State & Zip	
72	7-641-1959		
<u> </u>	Daytime T	elephone number	
bin	gberringer@gmail.com		
	E-mail address: (to be use	d 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)

30 120th St. N	VCIPAL OFFICE Principal <u>street</u> address	Mailing a	address, if different is:
minole, FL. 33772			
ETICLE III PUR e purpose for which	POSE Company the corporation is organized is:		
		7	
			Ag 5
VI			APR N
	RES of stock is: IAL OFFICERS AND/OR DIRECTORS		30 PN 1:58
Name and Ti	tle: Norman Berringer III, President	Name and Title:	
Address	9230 120th St. N	Address:	
Se	Semiole, FL. 33772		· · · · · · · · · · · · · · · · · · ·
Name and Tit	e:	Name and Title:	
Address			
Name and Tit			

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	Norman Berringer	
Address:	9230 120th Street N	
	Seminole, FL. 33772	
ARTICLE VII	INCORPORATOR	
	address of the Incorporator is:	30
Name:	Norman Berringer	
Address:	9230 120th St. N.	
	Seminole, FL. 33772	
Effective date, i	date is listed, the date must be specific ar	. (OPTIONAL) nd cannot be more than five business days prior or 90 business
	e inserted in this block does not meet the apeffective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.
Having been na this certificate,	med as registered agent to accept service of am familial with and accept the appointm	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
	Required Signature/Registered A	gent Date
document to the	Department of State constitutes a third dec	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
/ Redy	fired Signature/Incorporator	Date

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