

P15000056648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

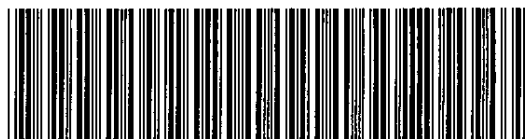
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FILED
15 JUL -6 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: BRB WELDING INC

(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: JENNIFER STANCIL

Name (Printed or typed)

21 FREEDOM DR

Address

DALLAS GA 30157

City, State & Zip

678-365-7427

Daytime Telephone number

JSHTAX@GMAIL.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: BRB WELDING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
187 BROOKS ST SE UNIT A202
FORT WALTON BEACH, FL 32548

Mailing address, if different is:
21 FREEDOM DR
DALLAS GA 30157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SECURITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AARON G THOMPSON PRESIDENT

Address: 187 BROOKS ST SE UNIT A202
FORT WALTON BEACH, FL 32548

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

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: AARON G THOMPSON

Address: 187 BROOKS ST SE UNIT A202

FORT WALTON BEACH FL 32548

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AARON G THOMPSON

Address: 187 BROOKS ST SE UNIT A202

FORT WALTON BEACH FL 32548

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SECRETARY OF STATE
TALLAHASSEE FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Aaron Thompson
Required Signature/Registered Agent

06/29/2015
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.

Aaron Thompson
Required Signature/Incorporator

06/29/2015
Date