

PIS000068576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

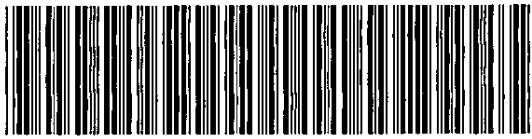
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: BROWARD INVESTMENTS GROUP, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: MANITA NOEL DANIELS
Name (Printed or typed)

2460 NW 63 TERRACE
Address

SUNRISE, FL 33313
City, State & Zip

954-687-6435
Daytime Telephone number

MANITADNL@YAHOO.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: BROWARD Investments Group, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2460 NW 63 TERRACE
SUNRISE, FL 33313

Mailing address, if different is:
SAME AS PRINCIPAL ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any AND All LAWFUL BUSINESS
PURPOSES. Real Estate Investments.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANITA NOEL DANIELS, PRESIDENT Name and Title: _____

Address: 2460 NW 63 TERRACE Address: _____

SUNRISE, FL 33313 _____

REC'D
MAY 10 1987
SACRAMENTO
RECEIVED
FBI - SACRAMENTO
1987
FBI - SACRAMENTO

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Manita Noel Daniels
Address: 2460 NW 63 terrace
SUNRISE, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manita Noel Daniels
Address: 2460 NW 63 terrace
SUNRISE, FL 33313

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SECRETARY OF STATE
ALABAMA
FEE
\$100

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

Manita Noel Daniels
Required Signature/Registered Agent

08/07/2015
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 in s.817.155, F.S.

Manita Noel Daniels
Required Signature/Incorporator

08/07/2015
Date