# P160003369

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   | i           |
|                         |                   |             |
|                         |                   |             |

Office Use Only



800280201568

800280201568 12/31/15--01002--011 \*\*\*87.50

FILING CANCELLED RETURNED CHECK

15 DEC 31 PH 4: 16

mo 1/12

### **COVER LETTER**

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

| SUBJECT: BROWN       | N & BROWN JOINT MANAGEM                      | ENT GROUP INC.<br><b>ATE NAME – <u>MUST INCL</u></b> | LINE CHEETY                           |
|----------------------|--|--|---------------------------------------|
|                      | (PROPOSED CORPOR                             | A I E 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 & Certificate of Status | \$78.75 Filing Fee & Certified Copy                  | & Certificate of Status               |
|                      |  | ADDITIONAL CO  | OPY REQUIRED                          |
|                      | NNIE C. BROWN                                | ne (Printed or typed)                                |                                       |
| PO                   | BOX 697                                      |  |                                       |
|                      |  | Address  |                                       |
| WE                   | ST PALM BEACH FL 33402                       |  |                                       |
|                      | City   | , State & Zip  |                                       |
| 561                  | 7021803                                      |  |                                       |
|                      | Daytime                                      | Telephone number                                     | · · · · · · · · · · · · · · · · · · · |
| - LM                 | CHAPEL@AOL.COM                               |  |                                       |
|                      | E-mail address: (to be us                    | ed for future annual report                          | notification)                         |

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

## FILING CANCELLED RETURNED CHECK

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| <u>ARTICLE II PRINC</u>   | <u>CIPAL OFFICE</u> Principal <u>street</u> address   | Maili<br>PO BOX 697  | ng address, if | different   | is: |          |
|---|---|--|----------------|---|-----|----------|
| 505 FLAGER DRIVE  |   | WEST PALM  |                | 33402   | DEC | . 9      |
| WEST PALM BEACH   |   |  |                | 385   | w   | 1        |
| ARTICLE III PURP  | OSE TO DE ALL   |  | 0              | 17 to | P   | ا ا      |
| The purpose for which   | he corporation is organized is:   |  | <b></b>        |   |     | - Tables |
|   |   |  |                | 33  | ်တ  |          |
|   |   |  |                |   |     |          |
|   |   |  |                | <u> </u>  |     |          |
|   |   |  |                |   |     |          |
|   |   |  |                |   |     |          |
| ADTECL TO MY CHAP   | ne.   |  |                |   |     |          |
| ARTICLE IV SHAR The number of shares of   | ES 100 stock is:  |  |                |   |     |          |
| The number of shares of   | stock is:   | <del></del>  |                |   |     |          |
| The number of shares of ARTICLE V INITIA  | AL OFFICERS AND/OR DIRECTORS  |  |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title                                   | AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T   | Name and Title:  |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title                                   | AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T   | Name and Title:  |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title                                   | AL OFFICERS AND/OR DIRECTORS  | Name and Title:  |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title  Address                          | Stock is:  AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T  SOS Flager DK.  West Relm Beach H 3:  | Name and Title:<br>Address:<br>3 4 0l                                |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title  Address                          | Stock is:  AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T  SOS Flager Dx.  West Palm Beach H3:   | Name and Title: Address:  3 4 0  Name and Title:                     |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title  Address  Name and Title          | Stock is:  AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T  SOS Flager DK.  West Relm Beach H 3:  | Name and Title: Address:  3 4 0  Name and Title:                     |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title  Address  Name and Title          | Stock is:  AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T  SOS Flager Dx.  West Palm Beach H3:   | Name and Title: Address:  3 4 0  Name and Title:                     |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title  Address  Name and Title  Address | Stock is:  AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T  SOS Flager DX.  West Pelm Beach 71 33 | Name and Title: Address:  Name and Title:  Name and Title:           |                |   |     |          |
| The number of shares of  ARTICLE V INITIA  Name and Title  Address  Name and Title  Address | Stock is:  AL OFFICERS AND/OR DIRECTORS  LONNIE C. BROWN P-S-T  SOS Flager DK.  West Polm Beach H 32  | Name and Title: Address:  Name and Title:  Address:  Name and Title: |                |   |     |          |

## FILING CANCELLED RETURNED CHECK

| Name a   | and Title:  | Name and Title:   |   |
|--|---|---|---|
| Addres   | 3S  | _ Address:  |   |
|  |   |   |   |
|  | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)  | of the registered agent is:                                     | <u>≅</u> ; <b>♂</b>   |
| Name:  | MICHEAL LUMBURY   | or and registered agent is:                                     | OEC 1   |
| Address:   | 1 EAST BROWARD BLVD   | <del></del>   | 555E  |
| rigarys.   | FORT LAUDERDALE FL 33301  |   |   |
| ARTICLE VII  | <u>INCORPORATOR</u>   |   | 9 <b>-</b>  |
| The <u>name and a</u>  | address of the Incorporator is:   |   |   |
| Name:  | MICHEAL LUMBURY   | <del></del>   |   |
| Address:   | I EAST BROWARD BLVD   | _   |   |
|  | FORT LAUDERDALE FL 33301  | _   |   |
| Effective date, i (If an effective days after the i  Note: If the day the document's  Having been no | if other than the date of filing: date is listed, the date must be specific and cannot filing.) te inserted in this block does not meet the applicable effective date on the Department of State's records amed as registered agent to accept service of proces is am familiar with and accept the appointment as re- | e statutory filing requirements  ss for the above stated corpor | ss days prior or 90 business s, this date will not be listed as ration at the place designated in |
|  | Require/[Signature/Registered Agent   | <del> </del>  | 12/22/15<br>Date  |
| I submit this do<br>document to the  | ocument and affirm that the facts stated herein are Department of State constitutes a third degree feld   | e true. I am aware that the forms as provided for in s.817.15   | alse information submitted in a<br>55, F.S.   |
|  | uired Signature/Indorporator  |   | 12/22/15<br>Date  |