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| (Requestor's Name) | | |
|-------------------------|--------------------|-----------------|
| , (Address) | | |
| (Address) | | |
| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

| தர் SUBJECT: | Broker Re | ferral Network | Inc. |
|-----------------------|---------------------------------------|-------------------------------------|---|
| | (PROPOSED CORPOR | RATE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| Enclosed are an | original and one (1) copy of the a | rticles of incorporation and | d a check for: |
| ☐ \$70.0 Filing Fe | • | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |
| | | ADDITIONAL CO | |
| FROM | | ne (Printed or typed) | |
| | 12724 Gran Bay Pkwy West Suite 410 |) | |
| | , | Address | |
| | Jacksonville, Florida 32258 | | |
| | | y, State & Zip | |
| | (904) 402-6044 | | |
| | Daytime bradyfinancialgroup@gmail.com | Telephone number | |
| | | sed 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 corpora | ation shall be: | Noker R | eterral | Network | Inc | |
|---|---|----------------------|-----------------|---------------------------------------|---|--------|
| ARTICLE II PRINC | CIPAL OFFICE Principal <u>street</u> address | | | g address, if diffe | | |
| 12724 Gran Bay Pkwy | West Suite 410 | | | | | |
| Jacksonville, Florida 32 | 2258 | | | | | |
| ARTICLE III PURPO The purpose for which to and sellers, leasing and | OSE the corporation is organized is: property management. | ge in any and all re | al estate activ | rities including a | ssisting b | uyers |
| | | | | | | 0 |
| | | | | | S MA | SE SE |
| | | | | | <u></u> | ATA. |
| | | | | | _ | 99.5 |
| ARTICLE IV SHAR The number of shares of | ES 1,000 Stock is: | | | | 91 :6 | Arions |
| ARTICLE V INITIA | AL OFFICERS AND/OR DIRECTOR | <u>85</u> | | | | |
| Name and Title | Gregory Brady President | Name and | d Title: | | | |
| Address | 13403 Short Rd | Address: | Address: | | , <u>.</u> | |
| | Jacksonville, Florida 32258 | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| Name and Title | : | Name and | d Title: | | | |
| Address | | Address: | | | | |
| | | | | | ·-· , , , , , , , , , , , , , , , , , , | |
| Name and Title | | Name and | l Title: | | | |
| Address | | Address: | | | | |
| | | <u></u> | | | | |

| Name a | nd Title: | Name and Title: |
|--|---|---|
| Addres | ss | Address: |
| | | |
| | | |
| | REGISTERED AGENT Torida street address (P.O. Box NOT acceptable | e) of the registered agent is: |
| Name: | Gregory Brady | |
| Address: | 13403 Short Rd | |
| | Jacksonville, Florida 32258 | |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The <u>name and a</u> | address of the Incorporator is: | |
| Name: | Gregory Brady | |
| Address: | 13403 Short Rd | |
| | Jacksonville, Florida 32258 | _ |
| Effective date, if (If an effective days after the f | iling.) | (OPTIONAL) nnot be more than five business days prior or 90 business ble statutory filing requirements, this date will not be listed as ds. |
| | am familiar with and accept the appointment as | cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity |
| | Required Signature/Registered Agent | 03/25/2016 |
| | Required Signature/Registered Agent | Date |
| I submit this do document to the | cument and affirm that the facts stated herein o Department of State constitutes a third degree fe | are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S. |
| <u>. </u> | Inna land | 03/25/2016 |
| Requ | ired Signature Incorporator | Date |