Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000113356 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Bracha Trading Inc. FLORIDA PROFIT/NON PROFIT CORPORATION

Braha Trading Inc.

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Fax Server

May 9, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORP

SUBJECT: BRAHA TRADING INC

REF: W16000033730

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

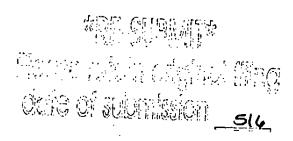
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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.

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

Neysa Culligan Regulatory Specialist II FAX Aud. #: H16000113356 Letter Number: 916A00009647



P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: Bra	cha Trading Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	i a check for:		
☐ \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUI			
FROM:	Sol Fischer	•			
	Name	(Printed or typed)			
	7777 Davie Road Ext., Suite 302B				
	Address				
	Hollywod, FL 33024				
	City,	State & Zip			
	(954) 707-4606				
	Daytime Telephone number				
ι	brachatradingine@gmail.com				
•	E-mail address: (to be used	for future annual report i	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)

	NCIPAL OFFICE Principal street address	Mailing address, if	different is:
77 Davie Road Ex			
ollywod, FL 3302	,		
RTICLE III PURPOSE the purpose for which the corporation is organized is:		le trade	
	<u> </u>		22
			<u> </u>
TICLE IV SHA	IRES of stock is:		
TICLE V INI	IRES of stock is: TIAI, OFFICERS AND/OR DIRECTORS		
Name and T	IRES 100 of stock is: ITAL OFFICERS AND/OR DIRECTORS (itle: Sol Fischer, President	Name and Title:	
TICLE V INI	IRES of stock is: 100 TIAI, OFFICERS AND/OR DIRECTORS itle: Sol Fischer, President	Name and Title:Address:	
Name and T	IRES of stock is: ITAL OFFICERS AND/OR DIRECTORS itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title:Address:	
Name and T Address	IRES of stock is: 100 TIAI, OFFICERS AND/OR DIRECTORS itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title:Address:	
Name and T Address Name and T	IRES 100 of stock is: 100 ITAL OFFICERS AND/OR DIRECTORS (itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title:Address:	
Name and T Address	IRES of stock is: 100 TIAI, OFFICERS AND/OR DIRECTORS itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title:Address:	
Name and T Address Name and T	IRES 100 of stock is: 100 ITAL OFFICERS AND/OR DIRECTORS (itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title:Address:	
Name and T Address Name and T	IRES 100 of stock is: 100 ITAL OFFICERS AND/OR DIRECTORS (itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title:Address:	
Name and T Address Name and Ti Address	IRES 100 of stock is: 100 ITAL OFFICERS AND/OR DIRECTORS (itle: Sol Fischer, President 7777 Davie Road Ext., Suite 302B Hollywod, FL 33024	Name and Title: Address: Name and Title: Address:	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	C T Corporation System		
Address:	1200 South Pine Island Road		amy f
	Plantation, FL 33324.		5 58
ARTICLE VII	INCORPORATOR		AY -6
The name and a	ddress of the Incorporator is:		
Name:	Sol Fischer		
Address:	7777 Davie Road Ext., Suite 302B		AH SERVICE
	Hollywod, FL 33024	 -	
Effective date, it	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and car filing.)	(OPTIONAL)	
Note: If the dat	e inserted in this block does not meet the applicate offective date on the Department of State's record	ble statutory filing requirements.	, this date will not be listed as
Having been na this certificate, I	ined as registered agent to accept service of pro- am familiar with and accept the appointment as CT Corporation System	cess for the above stated corport registered agent and agree to at	ation at the place designated in at in this capacity
Зу:	Coming Francis	Congle fauon	5/5/16
I submit this do	Required Signature/Registered Agent, cument and affirm that the facts stated herein a Department of State constitutes a third degree for	are true. I am aware that the fa tiony as provided for in £817.15.	Date ise information submitted in a 5, F.S.
	11/		5/5/16
Requ	nired Signature/Incorporator		Date