

P16000050588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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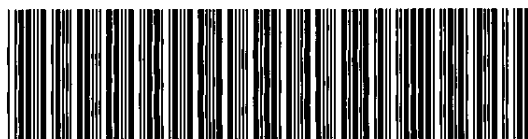
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6-9-16

COVER LETTER

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

SUBJECT: Brittans Construction ~~LLC~~ I.N.C.
(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:

Henry Vaan

Name (Printed or typed)

220 Postline Dr

Address

Wewahatchee FL 32465

City, State & Zip

850 348-1798

Daytime Telephone number

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: Brittans Construction I NC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address Wewahitchka FL 32465 Mailing address, if different is: Wewahitchka FL 32465
220 Pastime Dr P.O. Box 1003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CEO Name and Title: Henry B Vann Name and Title: _____
Address: 220 Pastime Dr Address: _____
Wewahitchka FL
32465

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 JUN -9 PM 4:18

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AND
FILED

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: Henry Vann
Address: 220 Pastime Dr
Wewahatcha, FL 32465

ARTICLE VII INCORPORATOR

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

Name: Henry Vann
Address: 220 Pastime Dr
Wewahatcha, FL 32465

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-9-16 (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

Henry Vann
Required Signature/Registered Agent

6-9-16
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.

Henry Vann
Required Signature/Incorporator

6-9-16
Date