

From:

#900 P.001/003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
BRIGADE STUDIOS INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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17 MAR 28 PM 1:44

DEPARTMENT OF  
CORPORATION  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 28 AM 9:05

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MAR 29 2017

T SCHROEDER

From:

03/28/2017 12:00

#809 P.002/003

**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: Brigade Studios Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16305 Wind View Lane

Winter Garden, FL 34787

Mailing address, if different is:

16305 Wind View Lane

Winter Garden, FL 34787

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marcel Bolanca /PRESIDENT

Address 16305 Wind View Lane

Winter Garden, FL 34787

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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From:

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#809 P.003/003

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: Marcel Bolance  
Address: 16305 Wind View Lane  
Winter Garden, FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Frank Osman  
Address: 202 Overton Street  
Deer Park, NY 11729

**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*

Marcel Bolance  
Required Signature/Registered Agent

3/28/2017  
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.*

[Signature]  
Required Signature/Incorporator

3/28/2017  
Date

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STATE DEPT OF FLORIDA  
TALLAHASSEE, FLORIDA