

P 170000 70749

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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(Business Entity Name)

(Document Number)

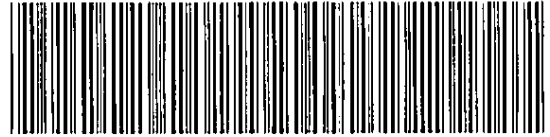
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

N. SAMS

AUG 23 2017



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17 AUG 23 10:23:24

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COVER LETTER

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

SUBJECT: Brandon Fox inc.
(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: Brandon Thomas Fox
Name (Printed or typed)

38 hyde rd
Address

Thomasville GA 31757
City, State & Zip

(229) 379-7504
Daytime Telephone number

BFox229@Icloud.com
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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Brandon Fox INC.

2017 AUG 23 PM 12:24

ARTICLE II PRINCIPAL OFFICE

Principal street address

38 hyde rd

Thomasville GA 31757

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: cabinetry & ~~the~~ finish work

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Fox president Name and Title: _____

Address 38 hyde rd Address: _____
Thomasville GA
31757

Name and Title: Ashley Abarca Name and Title: _____

Address 3575 U.S. Hwy 188 Address: _____
Ochlocknee GA
31799

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Brandon Fox

Address: 614 Southeast Stew
Terrace, Port St. Lucie FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brandon Fox

Address: 38 Hyde Rd
Thomasville GA 31757

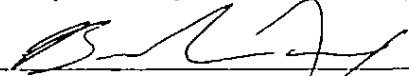
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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.

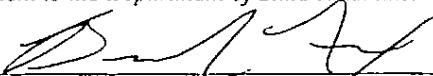
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

Aug. 23, 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.



Required Signature/Incorporator

Aug. 23, 2017
Date