

P18000008364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

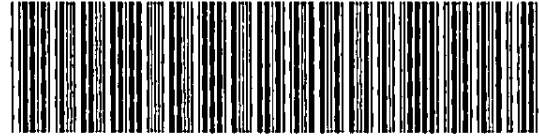
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

JAN 26 2018



800307508658

01/10/18--01009--008 **78.75

FILED
18 JAN 24 PM 3:17
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Brian Brazeau Pro Shop LLC
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Brian Brazeau
Name (Printed or typed)

6200 S.E. 10th Place
Address

Ocala FL 34472
City, State & Zip

352-732-8696
Daytime Telephone number

Bhproshop@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2018 JAN 24 PM 2:00

January 11, 2018

BRIAN BRAZEAU
6200 S.E. 10TH PLACE
OCALA, FL 34472

SUBJECT: BRIAN BRAZEAU PRO SHOP LLC
Ref. Number: W18000003196

We have received your document for BRIAN BRAZEAU PRO SHOP LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 018A00000734

FILED
18 JAN 24 PM 3:17
TALLAHASSEE, FLORIDA

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: Brian Brazee Pro Shop INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1818 S.W. 17th St.
Orlando FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and All Lawful Business

FILED
18 JAN 24 PM 3:17
CLERK OF CIRCUIT COURT
JANUARY 24 2018
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Brazee PRES Name and Title: _____

Address 6200 S.E. 10th Place Address: _____

Orlando FL 32812

Name and Title: Catherine Brazee VP Name and Title: _____

Address 6200 S.E. 10th Place Address: _____

Orlando FL 32812

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: Brian Brazee
Address: 6200 S.E. 10th Place
Ocala FL 34472

ARTICLE VII INCORPORATOR

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

Name: Brian Brazee
Address: 6200 S.E. 10th Place
Ocala FL 34472

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TALLAHASSEE, FLORIDA

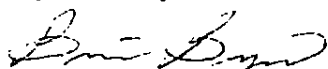
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2018 (OPTIONAL)

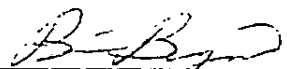
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 1/8/2018
Required Signature/Registered Agent 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.

 1/8/2018
Required Signature/Incorporator Date