

PI8000008364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

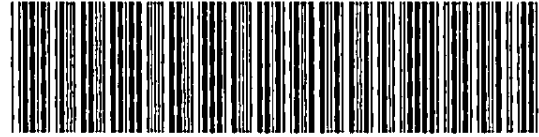
(Document Number)

Certified Copies _____ Certificates of Status _____

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N. SAMS
JAN 26 2018



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JAN 24 PM 3:17

FILED

COVER LETTER

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

SUBJECT: Brian Brazee 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
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: Brian Brazee
Name (Printed or typed)

6200 S.E. 10th Place
Address

Ocala FL 34472
City, State & Zip

352-732-8696
Daytime Telephone number

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

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



2018 JAN 24 PM 2:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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
CORPORATION STATE
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 Brazeeva Pro Shop INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1818 S.W. 17th St.
Ocala FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and All Lawful Business

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18 JAN 24 PM 3:17
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Brazeeva PRES Name and Title: _____

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

Name and Title: Catherine Brazeeva VP Name and Title: _____

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

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

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 18 JAN 24 PM 3:17
 FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

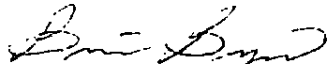
ARTICLE VIII EFFECTIVE DATE:

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

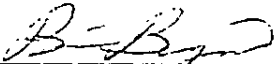
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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