## P18000055144

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	(Requestor's Name)			
	(Address)			
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	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: Braces-N-THANG	S IUC	
(PROPOSED CORPORAT	TE NAME – MUST INCLU	JDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	ales of incorporation and	La check for:
Enclosed are an original and one (1) copy of the arti-	eles of meorporation and	1
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee	\$78.75 Filing Fee	₩\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
	ADDITIONAL CO	Status DPY REOUIRED
	•	
FROM: WIACTEU DEMOT	WRIS FRIES	OU
Name Name	(Printed or typed)	
2197 KhrakI C	.CUIT	
	Address	
middlebensey City	FL 32068	
City	, State & Zip	
904-378-6968		
Daytime	Telephone number	
VUDITEUFRIESO	NPOS CWEIT!	Com
E-mail address: (to be use	ed for future annual report	( notification)

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

WIRITELI FERSON	will not reinstate Bocs - U - Though IUC
Document number PILOOCC,634910	
And will file a new filing with the same name.	
WARRER 1. FITTESCO	06/21/2018

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME  The name of the corporation s	hall be: Boos - N'-Thom	SUI CO	
ARTICLE II PRINCIPA Prin	<u>I. OFFICE</u> cipal <u>street</u> address	Mailing	g address, if different is:
2197 Khali	COURT		chok Court
mzckilsbur	G FL 32068	mich	Bure, FL 32068
The purpose for which the co	orporation is organized is:	y buil bli	Louful
			141
			2
ARTICLE IV SHARES The number of shares of store		<del></del> .	AH 9:
<del></del>	OFFICERS AND/OR DIRECTORS UPPTELL FRIESOU	Name and Title: W	prify Friexy
	197 Khralif ST	·~ \ \~	T. Harris T.
ï	marklabary FL		ricilabury FL.
Name and Title:			
_			
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 ac	ceptable) of the registered agent is:	
Name: MARTEUL FRISON	<u> </u>	
Address: ZICIT Khok CT		, <b>2</b> 2
michlisting Fl		
ARTICLE VII INCORPORATOR		1LE
The <u>name and address</u> of the Incorporator is:		
Name: WALTE FRIE		∵ & .∵ &
Address: ZIGT KLOKI	LOURT	2
middlebave, Fl	_ 32068	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific filing.)  Note: If the date inserted in this block does not meet the	e and cannot be more than five days pro	
the document's effective date on the Department of Stat	e's records.	
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoin	ce of process for the above stated corpora atment as registered agent and agree to act	tion at the place designated in t in this capacity
Worde C. 1. FILESCU  Required Signature/Registere		06/21/2018
		Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	d herein are true. I om aware that the ful I degree felony as provided for in s.817.155	lse information submitted in a i, F.S.
WARREUM FRESU  Required Signature/Incorporator	•	06/21/2018
Required Signature/Incorporator		174.0