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DATE: 11/21/18

NAME: BRAMFAM, INC

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: BRAMEAM, 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: BRAMTY, JULIETTE HAYNES
Name (Printed or typed)

500 KNIGHTS RUN AVE. UNIT 914
Address

TAMPA, FLORIDA 33602
City, State & Zip

(239) 919-2258
Daytime Telephone number

LUISNESTORBIZ@GMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: BRAMFAM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 KNIGHTS RUN AVE., UNIT 914

TAMPA, FLORIDA 33602

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDUCT BUSINESS IN FLORIDA AND THE MAIN

BUSINESS ACTIVITY IS UTUBE PRODUCTION.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRAMTY JULIETTE HAYNES

Title: PRESIDENT

Address 500 KNIGHTS RUN AVE.

Address:

#914

TAMPA, FLORIDA 33602

Name and Title: LUIS N. ESPINA LOPEZ

Title: VICE/PRES/SECRETARY

Address 500 KNIGHTS RUN AVE.

Address:

#914

TAMPA, FLORIDA 33602

Name and Title:

Name and Title:

Address

Address:

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18 NOV 21 AM 6:45
CLERK OF DISTRICT COURT
TAMPA, FLORIDA

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: Registered Agents Inc.

Address: 3030 N. ROCKY POINT DR. #150A

TAMPA, FLORIDA 33607

TEL: (850)807-4500

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AZY ARSHADI/AG ACCOUNTING & TAX SERVICES LLP

Address: 15315 MAGNOLIA BLVD. #428

SHERMAN OAKS, CA 91403

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-14-2018 (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

X Bee Hume
Required Signature/Registered Agent

11-14-2018

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

11-14-2018

Date