

P2000001308

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H200000062023ABCM

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BRAGGART FAMILY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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JAN 08 2020

T. SCOTT

COVER LETTER

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

SUBJECT: BRAGGART FAMILY, CORP.
(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: ARTEMII SAMOKHVALOV
Name (Printed or typed)

3801 OCEAN DR, 10H
Address

HOLLYWOOD, FL 33019
City, State & Zip

(786)695-7512
Daytime Telephone number

6690855@MAIL.RU
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: BRAGGART FAMILY, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3801 OCEAN DR, 10H

3801 OCEAN DR, 10H

HOLLYWOOD, FL 33019

HOLLYWOOD, FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARTEMII SAMOKHVALOV - P Name and Title: _____

Address 3801 OCEAN DR, 10H Address: _____

HOLLYWOOD, FL 33019 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: ARTEMII SAMOKHVALOV
 Address: 3801 OCEAN DR, 10H
HOLLYWOOD, FL 33019

ARTICLE VII INCORPORATOR

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

Name: ARTEMII SAMOKHVALOV
 Address: 3801 OCEAN DR, 10H
HOLLYWOOD, FL 33019

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

Artemii Samokhvalov _____ 01/07/2020
 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.

Artemii Samokhvalov _____ 01/07/2020
 Required Signature/Incorporator Date