

P200 0000 3068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

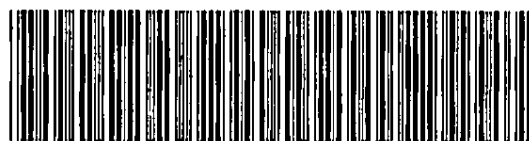
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/13/19--01025--010 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

JAN 16 2020

VCORP SERVICES, LLC

December 12, 2019

Department of State
Division of Corporations-New Filing Section
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Re: **Bray Companies, Inc.**
Bray Companies, LLC

Dear Sir or Madam:

Please file the enclosed the Certificate of Conversion for Bray Companies, LLC and the Articles of Incorporation for Bray Companies, Inc.

Also enclosed are 2 checks to cover the filing fees. \$35 for the Conversion and \$70 for the Incorporation.

Should there be an error on the attached please contact me ASAP at 877425-0077 ext. 119.

Kindly fax the filed documents to: 845-818-3588.

Thank you for your attention to this matter.

Very truly yours,

Limary Hewes

Limary Hewes

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Bray Companies, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Krisi Swafford

Contact Person

Ice Miller LLP

Firm/Company

2300 Cabot Drive, Suite 455

Address

Lisle, Illinois 60532

City, State and Zip Code

krisi.swafford@icemiller.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krisi Swafford

at (630) 955-5830

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Bray Companies, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/5/2019
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Bray Companies, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:_____.

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this _____ day of November _____, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: Peter Bray Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: Peter Bray Title: Member

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF 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: Bray Companies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

955 Allamanda Dr

Delray Beach, FL 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Bray - President/Director

Name and Title: Peter Bray - Treasurer

Address: 955 Allamanda Dr

Address: 955 Allamanda Dr

Delray Beach, FL 33483

Delray Beach, FL 33483

Name and Title: Claire Bray - Secretary/Director

Name and Title: _____

Address: 955 Allamanda Dr

Address: _____

Delray Beach, FL 33483

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: Peter Bray
955 Allamanda Dr
Address: Delray Beach, FL 33483

ARTICLE VII INCORPORATOR

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

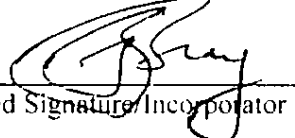
Name: Peter Bray
955 Allamanda Dr
Address: Delray Beach, FL 33483

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


Required Signature/Registered Agent

11/29/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


Required Signature/Incorporator

11/29/19
Date

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TALLAHASSEE, FLORIDA