

3/30/22 9:17 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
PALM BEACH BROWARD SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

T. SCOTT

MAR 31 2022

COVER LETTER

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

SUBJECT: PALM BEACH BROWARD SERVICES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KEITH BRAUDE

Name (Printed or typed)

3026 NE 6TH DR.

Address

BOCA RATON, FL 33431

City, State & Zip

(847) 630-5192

Daytime Telephone number

KEITHBRAUDE@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 NAMEThe name of the corporation shall be: PALM BEACH BROWARD SERVICES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
3026 NE 6TH DR.BOCA RATON, FL 33431

Mailing address, if different is:

3026 NE 6TH DR.BOCA RATON, FL 33431**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KEITH BRAUDE - PRESIDENT

Name and Title: _____

Address 3026 NE 6TH DR.

Address: _____

BOCA RATON, FL 33431

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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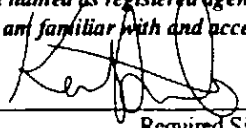
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: KEITH BRAUDEAddress: 3026 NE 6TH DR.BOCA RATON, FL 33431**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: KEITH BRAUDEAddress: 3026 NE 6TH DR.BOCA RATON, FL 33431**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*

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.*

Required Signature/Incorporator Date