

P22000036023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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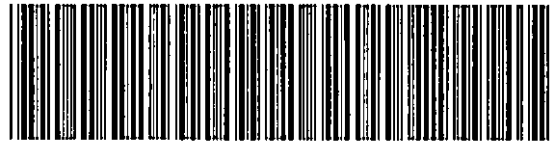
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/22--01018--004 **78.75

[Handwritten Signature]

2022/11/20 AM 10:27

COVER LETTER

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

SUBJECT: The Brown Family Trust Company
(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: Michael Brown
Name (Printed or typed)
7777 N. Wickham Rd
Address
Ste 12 #317 Melbourne, FL
City, State & Zip
5169022670
Daytime Telephone number
tbfta0114@pm.me
E-mail address: (to be used for future annual report notification)

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

12/11/07

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: The Brown Family Trust Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

7777 N Wickham Rd

STE 12 #317

Melbourne Florida

Mailing address, if different is:

7901 4th St N

STE 300

St. Petersburg FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Brown

Address

10 Lower West Street

Unit 155

Annandale, NJ 08801

Name and Title: Angela Brown

Address:

10 Lower West Street

Unit 155

Annandale, NJ 08801

Name and Title: Ava Jo Brown

Address

10 Lower West Street

Unit 155

Annandale, NJ 08801

Name and Title: Michael Giuseppe Brown III

Address:

10 Lower West Street

Unit 155

Annandale, NJ 08801

Name and Title: Miles Bishop Brown

Address

10 Lower West Street

Unit 155

Annandale, NJ 08801

Name and Title:

Address:

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: 7901 4th St N STE 300

St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

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

Name: NJM Irrevocable Trust

Address: 114-66 211th Street

Cambria Heights, NY 11411

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/14/2022, (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

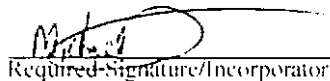


Required Signature/Registered Agent

04/13/2022

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

04/13/2022

Date