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	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	p Filing Officer:
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COVER LETTER

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

SUBJECT:	Hey Brother Industries Co)	
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
⊏X\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Rebecca Cirrinicione		
		(Printed or typed)	
	3684 Tampa Rd. #2		
 -		Address	
	Oldsmar, FL 34766		
	City.	State & Zip	
	Daytime T	elephone number	
	dtulchin@gmail.com	•	
	E-mail address: (to be used	l for future annual report r	otification)

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

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/13/22

NAME: HEY BROTHER INDUSTRIES CO

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	n shall be: Hey Brother Industries Co				
ARTICLE II PRINCIF	PAL OFFICE incipal street address		Mailing address, if differ	rent is:	
7901 4th St N STE 300					
St. Petersburg, FL 3370					-
ARTICLE III PURPOS. The purpose for which the		and all lawful pu	rpose.		
				<u></u>	
				DE	SID:
				 ယ	::: ::::::::::::::::::::::::::::::::::
				P.	
				2: (
				_	5
	Daniel Tulchin, President/VP	Name and Title	Daniel Tulchin, Secr	etary/Trea	surer
Address	8 Robin Pl., Old Greenwich, CT 06870	Address:	8 Robin Pl., Old Greenv	vich, CT (06870
-					
Name and Title:		Name and Title	·		
Address		Address:			
	· · · · · · · · · · · · · · · · · · ·				. <u>.</u>
Name and Title		Name and Title			-
			· 		
		,			

· Name an	d Title: N	ame and Title:	
. Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the	registered agent is:	
Name:	Registered Agents Inc		
Address:	7901 4th St N, Suite 300	22	
	St. Petersburg FL 33702	DEC	
ARTICLE VII	INCORPORATOR	 ധ ಸ್ಕ್	
The name and ac	Idress of the Incorporator is:	ن	
Name:	Rebecca Cirrinicione	C	
Address:	3684 Tampa Rd #2		
	Oldsmar, FL 34677		
ARTICI F VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:ate is listed, the date must be specific and cannot be	(OPTIONAL)	
filing.)	are is fisted, the date must be specific and cannot be	: more than tive days prior or 70 days after	
	inserted in this block does not meet the applicable statefective date on the Department of State's records.	utory filing requirements, this date will not be	
	ed as registered agent to accept service of process for th amiliar with and accept the appointment as registered a		
	Required Signature/Registered Agent		
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are true	e. I am aware that the false information subn	
	Department of State constitutes a third degree felony as	provided for in s.817.155, F.S.	