P23000010432

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000052249 3)))

H23000052249 3ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

**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

## BEAROWN, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $70.00 |

Electronic Filing Menu  Corporate Filing Menu  Help

# 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: BEAROWN, INC

***ARTICLE II PRINCIPAL OFFICE***

| Principal street address | Mailing address, if different is: |
|---|---|
| 7535 SW 100th Street | 7535 SW 100th Street |
| Ocala FL 34476 | Ocala FL 34476 |

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

***ARTICLE IV SHARES***

The number of shares of stock is: 200

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

| | | | |
|---|---|---|---|
| Name and Title: | Gabriela Ursu/Director | Name and Title: | |
| Address | 7535 SW 100th Street<br>Ocala FL 34476 | Address: | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |

23 FEB -9 PM 3:31

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: Gabriela Ursu

Address: 7535 SW 100th Street

Ocala FL 34476

*ARTICLE VII INCORPORATOR*

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

Name: Gabriela Ursu

Address: 7535 SW 100th Street

Ocala FL 34476

*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 business days prior or 90 business 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.

23 FEB 9

***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***

_____ 2/11/23

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.***

_____ 2/11/23

Required Signature/Incorporator Date