

P23000041498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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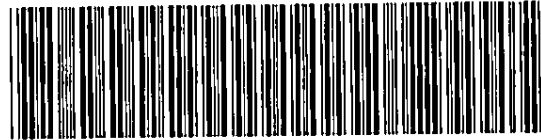
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 30 2023

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2023 MAY 30 PM 4:06

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CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BRILL'S PLUMBING CO.
(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: JARIN BRILL
Name (Printed or typed)

7998 MAHAN DRIVE
Address

TALLAHASSEE, FL 32309
City, State & Zip

850-878-1234
Daytime Telephone number

JARIN BRILL@YAHOO.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 NAME

The name of the corporation shall be: BELLS PLUMBING CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7998 MAHAN DRIVE
TALLAHASSEE, FL 32309

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PLUMBING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JARIN BRILL PRESIDENT Name and Title: _____

Address: 7998 MAHAN DRIVE Address: _____
TALLAHASSEE, FL 32309

Name and Title: ANTHONY GUERARD VICE PRESIDENT Name and Title: _____

Address: 741 WEST SAINT Address: _____
AUGUSTINE STREET
TALLAHASSEE, FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: ANTHONY GIORDANO

Address: 741 W ST. AUGUSTINE STREET
TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

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

Name: ANTHONY GIORDANO

Address: 741 W ST. AUGUSTINE STREET
TALLAHASSEE, FL 32304

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

5/30/23
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

5/30/23
Date