

P24000008983

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INFO@ARESCPA.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MOTIVATING MINDS, THE BR PROJECT INC**

Certificate of Status	0
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## COVER LETTER

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

**SUBJECT:** MOTIVATING MINDS, THE BR PROJECT 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:** ARES & COMPANY CPA PA  
Name (Printed or typed)

3636 SW 87 AVE  
Address

MIAMI, FL 33165  
City, State & Zip

305-229-8256  
Daytime Telephone number

BRIERA525@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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**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: MOTIVATING MINDS, THE BR PROJECT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address  
120 SW 31ST ROAD

Mailing address, if different is:

MIAMI, FL 33129-2727

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LEGAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: BEATRIZ M RIERA

Name and Title: \_\_\_\_\_

Address 120 SW 31ST ROAD

Address: \_\_\_\_\_

MIAMI, FL 33129-2727

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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MFL

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: BEATRIZ M RIERA  
Address: 120 SW 31ST ROAD  
MIAMI, FL 33129-2727

**ARTICLE VII INCORPORATOR**

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

Name: BEATRIZ M RIERA  
Address: 120 SW 31ST ROAD  
MIAMI, FL 33129-2727

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/1/2024 (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*

BEATRIZ M RIERA

Required Signature/Registered Agent

2/1/2024

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.*

BEATRIZ M RIERA

Required Signature/Incorporator

2/1/2024

Date

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