

P24000041840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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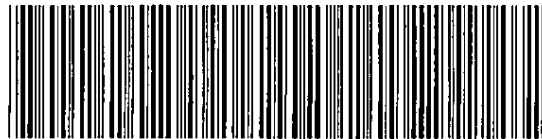
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/20/24--01001

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TALLAHASSEE, FL

2024 JUN 20 AM 9:47

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUN 20 PM 2:18

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## COVER LETTER

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

SUBJECT: Brunette machinery group, 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 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: Derricus D J Jones  
Name (Printed or typed)

2552 25<sup>th</sup> St  
Address

Sarasota, FL 34234  
City, State & Zip

321-464-6169  
Daytime Telephone number

BrunetteMachineryGroupInc@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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DEPARTMENT OF STATE  
TALLAHASSEE, FL

**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: Brunette machinery group Inc

**ARTICLE II PRINCIPAL OFFICE**

2552 25<sup>th</sup> St Principal ~~street~~ address

Mailing address, if different is:

Sarasota, FL 34234

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: Derricus D J Jones "P"

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

Address 2552 25<sup>th</sup> St

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

Sarasota FL 34234

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2021 JUN 20 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

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: Derricus D J Jones  
Address: 2552 25<sup>th</sup> St  
Sarasota, FL 34234

**ARTICLE VII INCORPORATOR**

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

Name: Derricus D J Jones  
Address: 2552 25<sup>th</sup> St  
Sarasota, FL 34234

**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

6/20/24

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.*

2024 JUN 20 AM 4:47  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

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