P2400072986

	(Requestor	s Name)	
-	(Address)		
	(Address)		
	(City/State/	Zip/Phone #)	
PICK-UP		TIAW	MAIL
	(Business E	ntity Name)	
	(Document	Number	
,	III.	(Aditiber)	
Certified Copies	- '	Dertificates o	f Status
Special Instructions to	Filing Office		
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Office Use Only



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ALLARASSELFLORIG ALLARASSELFLORIG

2024 DEC -S AM 4: 28

2024 DEC -5 PH 14: 35

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 * Tallahassee, Florida 32301 (850) 224-8870 * 1-800-342-8062 * Fax (850) 222-1222

BROKEN BARREL FARMS, INC	1
Please Debit FCA000000003 For: 78.75	
Thank you Seth Neeley	
1-4-1	
- Hely	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Day	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT: Bro	oken Barrel Farms, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	i a check for:		
□ \$70.0 Filing Fo	Filing Fec & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
L		ADDITIONAL CC	ADDITIONAL COPY REQUIRED		
FROM:	Jacob Anzani Name	: (Printed or typed)			
	5121 Craig Road				
	Address				
	Cocoa, Florida 32926				
	City, State & Zip				
	321-439-6423				
	Daytime T	elephone number			
	jake@bluelineroofingfl.com				
	E-mail address: (to be used	for future annual report n	otification)		

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)

LE II PRIN	CIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
Craig Road	Tritolyal <u>server</u> address	5121 Craig Road	odiess, it different is.
ocoa, Florida 32926		Cocoa, Florida 32926	
CLE III PURP urpose for which	OSE the corporation is organized is: Farm/R	anch Purposes	
	<u> </u>		
CLE IV SHAR	ES 1000 stock is:		
	AL OFFICERS AND/OR DIRECTORS e: Amy Pierce / CEO 5121 Craig Road	Name and Title:	
umber of shares of CLE V INITI. Name and Titl	AL OFFICERS AND/OR DIRECTORS e: Amy Pierce / CEO 5121 Craig Road		
umber of shares of CLE V INITIAL Name and Title	AL OFFICERS AND/OR DIRECTORS e: Amy Pierce / CEO 5121 Craig Road Cocoa, Florida 32926 Jacob Anzani / COO	Name and Title:	
CLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS e: Amy Pierce / CEO 5121 Craig Road Cocoa, Florida 32926 Jacob Anzani / COO	Name and Title: Address:	
CLE V INITIAN Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS e: Amy Pierce / CEO 5121 Craig Road Cocoa, Florida 32926 Jacob Anzani / COO 5121 Craig Road Cocoa, Florida 32926	Name and Title: Address: Name and Title: Address:	
CLE V INITIANAME AND TITLE Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS e: Amy Pierce / CEO 5121 Craig Road Cocoa, Florida 32926 Jacob Anzani / COO 5121 Craig Road	Name and Title: Address: Name and Title: Name and Title:	

Name ar	nd Title:	Name and Title:	
Address	·	Address:	<u> </u>
		_	
		_	
	REGISTERED AGENT		
he <u>name and F</u>	<u>lorida street address</u> (P.O. Box NOT acceptable) - Jacob Anzani	of the registered agent is:	
Name:	*****	_	
Address:	5121 Craig Road	-	
	Cocoa, Florida 32926	_	
RTICLE VII	<u>INCORPORATOR</u>		
he <u>name and a</u>	ddress of the Incorporator is:		
Name:	Jacob Anzani	_	
Address:	5121 Craig Road	_	
	Cocoa, Florida 32926		
iling.)	date is listed, the date must be specific and cans		•
	inserted in this block does not meet the applicabe effective date on the Department of State's records		his date will not be listed as
laving been nan ertificate, I am j	ned as registered agent to accept service of process familiar with and accept the appointment as regist.	for the above stated corporation over the above stated corporation of the formal agree to act in this	at the place designated in th s capacity
			12/05/2024
	Required Signature/Registered Agent	_ .	Date
submit this doc	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the falso ny as provided for in s.817.155, F	information submitted in E.S.
			12/05/2024
equired Signati	re the corporator	Date	
			2024
			242. 吊 1
			충발 🖥
			SEC 5
			ORI 5

EC -5 AM 4: 28

COVER LETTER

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

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		ADDITIONAL CO	PY REQUIRED
FROM:	Jacob Anzani Name	(Printed or typed)	
	5121 Craig Road		
•	A	ddress	
	Cocoa, Florida 32926		
	City,	State & Zip	
	321-439-6423		
	Daytime Te	elephone number	
j	ake@bluelineroofingfl.com		
-	E-mail address: (to be used	for future annual report n	otification)

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