P96000103277

TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

BRAMO CORPORATION

(Proposed corporate name - must include suffix)

900002030009--2 -12/17/96--01021--003 ******70.00 ******70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: BRADFORD E. MOORE

Name (Printed or typed)

1870 TRAVIS RD

WEST PALM BEACH, FL. 33406
City, State & Zip

1-561-439-1218

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. $\omega 96 - 26430$ ne 12/26/96



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 17, 1996

BRADFORD E. MOORE 1870 TRAVIS ROAD WEST PALM BEACH, FL 33406

SUBJECT: BRAMO CORPORATION Ref. Number: W96000026430

ATION and your has not been fil-We have received your document for BRAMO CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Nevsa Culligan Document Specialist

Letter Number: 896A00056170

HFTIME SIE

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: $(S R R) \cap O$

CORPORATION

FILED

96 DEC 24 M 8 38

FILL STATE

FILEDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1870 TRAVIS RD. WEST PALM BEACH, FL. 33406

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

23AHB 001

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRADFORD E. MOORG 1870 TRAJIS RD. WEST PALM BEACH, FL. 33406

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BRADFORD E. MOORE 1870 TRAJIS RD. WEST PALM BEACH, FL. 33406

ARTICLE UI

THE EFFECTIVE BATE OF THE INCORPORATION
OF BRAMO CORPORATION IS JANUARY 1, 1997

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of DECEMBER, 1996.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the cor	poration is $\underline{\mathcal{SR}}$	<u>amo</u>	CORPORA	TON		<u></u>	_
2. The name and addre	ss of the registered ago	ent and offic	æ is:	······································			-
_	BRADFORD	(Name)	MOORE		TALA	96 DEC	
_	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)					24	
_	WEST PALV	M BE	ACH , FL.	33406	VGBO :: ALVIS:	All 8: 3:	****
	(CITY/STATE/Z	ŽP)			w	
Having been named as at the place designated to act in this capacity. and complete performa as registered agent.	in this certificate, I he I further agree to com	ereby accept oply with the	t the appointment as provisions of all sta	registered agei Hutes relating t	nt and to the m	agre	e er

12/16/96 (Date)