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TRANSMITTAL LETTER

FILED
99 NOV -4 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200003035012--6
-11/04/99-01056-007
*****70.00 *****70.00

SUBJECT: B T CORP. OF BROOKSVILLE
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: TOMMY DINH
Name (Printed or typed)

19482 CORTEZ BLVD.
Address

BROOKSVILLE, FL 34601
City, State & Zip

(407) 758-7796
Daytime Telephone number

F. CHESLER NOV 5 1999

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

B T CORP. OF BROOKSVILLE

ARTICLE II PRINCIPAL OFFICE

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

19482 CORTEZ BLVD.,
BROOKSVILLE, FL 34601

ARTICLE III SHARES

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

ONE THOUSAND SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

KAM PIU HO
19482 CORTEZ BLVD.
BROOKSVILLE, FL 34601

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

TOMMY DINH
19482 CORTEZ BLVD.
BROOKSVILLE, FL 34601


Signature/Incorporator

10-18-99
Date

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

10-18-99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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