

P 0 3 0 0 0 0 6 3 6 9 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

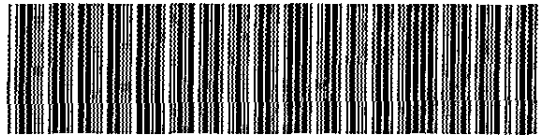
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700019177187

06/05/03--01059--011 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN -5 AM 8:37

JUN 10

✓

**Tri-County Services**



*A Court Forms Preparation Service*

5510 River Road, Suite 109  
New Port Richey, FL 34652

Telephone: (727) 847-6637  
Facsimile: (727) 847 0647  
Toll Free: 1-877-847-6637

12 So. Main Street, Suite 2-C  
Brooksville, FL 34601

May 30, 2003

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

**Re: Articles of Incorporation for: Brite Hoods, Inc.**

Enclosed herewith are the original and one copy of the Articles of Corporation for Brite Hoods, Inc. Also enclosed is our check in the amount of \$78.75 to defray the filing fees.

Please return a certified copy of the Articles of Incorporation to this office upon successful filing.

Please contact our office if there are questions regarding this matter.

Your assistance in this matter is genuinely appreciated.

Sincerely,

---

Francis M . Sorgman, preparer  
5510 River Road, Suite 109  
New Port Richey, FL 34652  
1-877-847-6637



1 shall be two (2), provided, however, that such number may be changed pursuant to the Bylaws  
2 duly adopted by the Board. At all times the member of the Board of Directors shall be divided as  
3 equally as the number of Directors will permit into two (2) classes: Class 1, Class 2.

4 The term of office for all Directors shall be two (2) years except for the term of office of  
5 the initial Class 1 Director shall expire at the annual meeting next ensuing, the term of office of  
6 the initial Class 2 of Director(s) shall expire two (2) years thereafter.

7  
8 The name and address of such initial members of the Board of Directors are as follows:

9 NAME: Daniel Cintron (Class 1)  
10 ADDRESS: 25223 Angel Street  
11 CITY: Brooksville, Florida 34601  
12 PHONE: (352) 799-7102

13 NAME: Margaret R. Cintron (Class 2)  
14 ADDRESS: 25223 Angel Street  
15 CITY: Brooksville, Florida 34601  
16 PHONE: (352) 799-7102

17 It is the intent of these Articles that, at all times hereafter, the Directors shall be classified  
18 as to term of office in the manner herein above provided for in the initial Board, so that, as nearly  
19 as the number of Directors will permit, one-half of the Directors of this Corporation shall be  
20 elected at each annual meeting of the Corporation.

21 Any action required or permitted to be taken by the Board of Directors under any  
22 provision of law may be taken without a meeting, if a majority of members of the Board shall  
23 individually or collectively consent in writing to such action. Such written consent or consents  
24 shall be held with the minutes of the proceedings of the Board, and any such action by written  
25

1 consent shall have the same force and effect as if taken by vote of the Directors. Any certificate  
2 or other document filed under any provision of law which relates to actions so taken shall state  
3 that the action was taken by written consent of the Board of Directors without a meeting. Such a  
4 statement shall be prima facie evidence of such authority.  
5

6 **B. Corporate Officers.** The Board of Directors shall elect the following officers:  
7 President, Vice President, Secretary and Treasurer, and such other officers as the Bylaws of the  
8 Corporation may authorize the Directors to elect from time to time. Initially, such officers shall  
9 be elected at the first annual meeting of the Board of Directors. Until such election is held, the  
10 following persons shall serve as corporate officers:  
11

<u>Title</u>	<u>Name</u>
12 President	Daniel Cintron
13 Vice President	Margaret R. Cintron
14 Secretary & Treasurer	Margaret R. Cintron
15	
16	

17 **ARTICLE VI - INITIAL PRINCIPLE OFFICE**

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

19  
20 **Principle Place of Business: 25223 Angel Street, Brooksville, Florida 34601**

21 **Mailing Address: 25223 Angel Street, Brooksville, Florida 34601**  
22  
23  
24

1  
2                   **ARTICLE VII – INITIAL REGISTERED OFFICE AND AGENT**

3                   The street address of the initial registered office and the name of the initial registered  
4 agent at that office are:

5                   NAME:         Margaret R. Cintron  
6                   ADDRESS:    25223 Angel Street  
7                   CITY:         Brooksville, Florida 34601  
8                   PHONE:       (352) 799-7102

9   **ARTICLE VIII – INCORPORATORS**

10                   The names of addresses of the Incorporators signing these Articles of Incorporation are as  
11 follows:

12                   NAME:         Daniel Cintron  
13                   ADDRESS:    25223 Angel Street  
14                   CITY:         Brooksville, Florida 34601  
15                   PHONE:       (727) 939 -2351

16                   NAME:         Margaret R. Cintron  
17                   ADDRESS:    25223 Angel Street  
18                   CITY:         Brooksville, Florida 34601  
19                   PHONE:       (352) 799-7102

20   **ARTICLES IX – MANNER OF ELECTION OF DIRECTORS**

21                   The manner in which the directors are elected or appointed is as follows:

22   **By major vote of the stockholders**



1 CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2 PURSUANT TO FS § 607.052, THE UNDERSIGNED CORPORATION,  
3 ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
4 FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
5 REGISTERED AGENT, IN THE STATE OF FLORIDA.

6 The above corporation, organized under the laws of the State of Florida with its registered  
7 office as indicated in the Articles of Incorporation at, **25223 Angel Street, Brooksville, Florida**  
8 **34601**, has named **Margaret R. Cintron**, located at the aforesaid address, as its registered agent  
9 to accept service of process within the state.

10  
11 Having been named as registered agent and to accept service of process for the above  
12 stated corporation at the place designated in this certificate, I hereby accept the appointment as  
13 registered agent and agree to act in this capacity. I further agree to comply with the provisions of  
14 all statutes relating to the proper and complete performance of my duties, and I am familiar with  
15 and accept the obligations of my position as registered agent.

16  
17 x   
18 (Signature)

19  
20 5/30/03  
21 (Date)

22 NAME: Margaret R. Cintron  
23 ADDRESS: 25223 Angel Street  
24 CITY: Brooksville, Florida 34601  
25 PHONE: (352) 799-7102

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN -5 AM 8:38