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COVER LETTER

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

SUBJECT: Bright Brush Wood & Stone Restoration, Co. (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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: Bright Brush Wood & Stor	ne Restoration, C (Printed or typed)	0.
10950 NW 138th Street,	Suite 5	
Hialeah Gardens, Fl 33	018 State & Zip	
305-231-0324 Daytime To	elephone number	
brightbrass@brightbrass E-mail address: (to be used	.com For future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ADTIOLET		Stone Restoration, Co.11 JAN 18 PM	
ARTICLE II	Principal office Principal street address	Mailing address lightlefeur is	STATE
	10950 NW 138th Street	Maining address III altreteur is	LORIDA
	Suite 5		- 41 (19)
	Hialeah Gardens, Fl 33018		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
to provide m	naintenance services to the appeara	ance of architectural finishes in building	s, and in
general to c	arry on any other business whatsoe	ever in connection with the foregoing or	which is
calculated, o	directly or indirectly to promote the i	nterest of the corporation or to enhance	e the vali
of its proper		F	
ARTICLE IV	SHARES		
The number of sh	ares of stock is: Ana I. Jimenez, President	30 Shares	
	Oswaldo Jimenez, Vice-Pr	esident 40 Shares	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u> </u>	
Name and	Title: Ana I. Jimenez, President	Name and Title:	
Address:	2700 SW 130 Terrace		
•	Davie, Fl. 33330		
Name and	Title: Oswaldo Iimanez Vice-Presido	nt_ Name and Title:	
Address:	2700 SW 130 Terrace	Address:	
	Davie, Fl 33330		
Name and 1	Citle:	Name and Title:	
Address:		Address:	
•			
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Ana I. Jimenez		
Address:	2700 SW 130 Terrace		
	Davie, Fl. 33330		
	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	Ana I. Jimenez		
Address:	2700 SW 130 Terrace		
	Davie, FI 33330	_	
Having been nan	ned as registered agent to accept service of pro	ocess for the above stated corporation at the place	desionated i
this certificate, I a	im familiar with and accept the appointment as	registered agent and agree to act in this capacity	
		1 1	
ant	Will lours	1/13/	11
,	Required Signature/Registered Agent	Date	<u>' </u>
		, 5	
I submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the false information su	ibmitted in
document to the L	Department of State constitutes a third degree fo	elony as provided for in s.817.155, F.S.	
1 2	- 11 1 / / · · · · · · · · · · · · · · ·	. 1.	1
Co	Abodel Julia-		111
	Required Signature/Incorporator	Dat	¢