

P 14000020201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

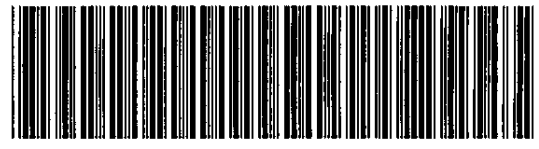
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/14--01037--032 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATE AND
14 MAR -3 PM 2:28

[Handwritten Signature]
3-2-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 FEB 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 10, 2014

ROBERTO S LEYVA
2465 NW 97 AVENUE
DORAL, FL 33172

SUBJECT: BROSS PC, CORP.
Ref. Number: W14000008467

We have received your document for BROSS PC, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 814A00002914

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

ARTICLE I NAME

The name of the corporation shall be: Bross PC, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2465 NW 97 Avenue
Doral, Fl 33172

Mailing address, if different is:

2465 NW 97 Avenue
Doral, Fl 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 1500 shares at \$0.00 per value.

FILED
PUBLIC CLERK OF STATE
DIVISION OF CORPORATIONS
14 MAR - 3 PM 3:20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto S Leyva, Title: P Name and Title: _____

Address: 2465 NW 97 Avenue Address: _____

Doral, Fl. 33172 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roberto S Leyva

Address: 2465 NW 97 Avenue

Doral, Fl 33172

ARTICLE VII INCORPORATOR

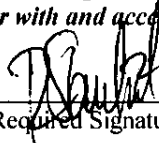
The name and address of the Incorporator is:

Name: Roberto S Leyva

Address: 2465 NW 97 Avenue

Doral, Fl 33172

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

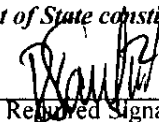


Required Signature/Registered Agent

02-19-2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

02-19-2014

Date