Florida Department of State

Division of Corporations Electronic Filing Cover Shect

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION BROCHE SERVICE & REPAIR CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

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

ARTICLE I NAME: The name of the corporation is:
Broche Service & Repair Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
226 NW 24 et.
Miami FL. 3312T
*^^
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Juan C Broche (P)
TOP & CORD
ON THE PROPERTY OF THE PROPERT
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Juan C. Broche
22 (0 Nu) 24 CT
10 10 27 CT
MIAMI FL 33125
ADDIOLETT HYGODOD AMOD William and allers fold to the t
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Juan C. Broche
220 NW 24 CT
Miami FL 33125

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Required Signatures:

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

Registered Agent 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.

X Polleceur Date