

P17000086843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

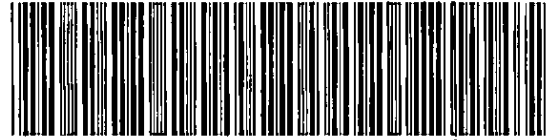
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

OCT 27 2017



300304903193

10/26/17--01023--012 **70.00

FILED

17 OCT 26 PM 2:11

FILED

COVER LETTER

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

SUBJECT: PLANET GRANITE CORPORATION.,
(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 Filing Fee
& Certificate of Status

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

FROM: PLANET GRANITE CORPORATION.,
Name (Printed or typed)
6349 CASTELVEN DR UNIT 105
Address
ORLANDO, FLORIDA 32835
City, State & Zip
774-287-8912
Daytime Telephone number
PLANETGRANITEFR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME PLANET GRANITE CORPORATION .,
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE	Principal <u>street</u> address	Mailing address, if different is:
<u>6349 CASTELVEN DR UNIT 105</u>		<u>6349 CASTELVEN DR UNIT 105</u>
<u>ORLANDO FL 32835</u>		<u>ORLANDO FL 32835</u>
<u>774-287-8912</u>		<u>774-287-8912</u>

ARTICLE III PURPOSE PLANET GRANITE CORPORATION.,
The purpose for which the corporation is organized is: _____
COUNTERTOPS GRANITES
RESIDENTIAL

ARTICLE IV SHARES 2
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>FERNANDO LACERDA STIVAL</u>	Name and Title:	_____
Address	<u>6349 CASTELVEN DR UNIT 105</u>	Address:	_____
	<u>ORLANDO, FL 32835</u>		_____
	<u>774-287-8912 p</u>		_____

Name and Title:	<u>RODRIGO GONCALVES DE ALMEIDA</u>	Name and Title:	_____
Address	<u>6349 CASTELVEN DR UNIT 105</u>	Address:	_____
	<u>ORLANDO, FL 32835</u>		_____
	<u>407-289-9258 vp</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

17 OCT 26 PM 2:11
SECRETARY

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

17 OCT 26 PM 2:11
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 10/23/2017 BY 60322 UCBAW/STP

ARTICLE VI REGISTERED AGENT

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

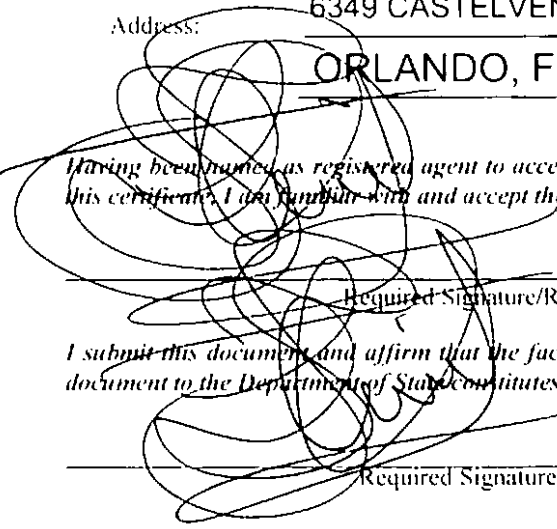
Name: FERNANDO LACERDA STIVAL
 Address: 6349 CASTELVEN DR UNIT 105
ORLANDO, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FERNANDO LACERDA STIVAL
 Address: 6349 CASTELVEN DR UNIT 105
ORLANDO, FL 32835

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



10/23/2017
 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.

10/23/2017
 Date

Required Signature/Incorporator