# POSOSTALLETTER 69898 of State

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

Tallahassee, FL 32314 SUBJECT: THE BRICK ? Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee. & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MARCO Name (Printed or typed)

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

Daytime Telephone number

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## P000000-69898



### CUSTOMER'S RECEIPT

KEEP THIS RECEIPT FOR YOUR RECORDS	ADDRESS P.O. BOX 6327  C.O.D.OR USED FOR THE PAYERS DO	octor luc	SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION NOT NEGOTIABLE CLERK
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#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

THE BRICK PAVERS DOCTOR, Luc.

#### ARTICLE II PRINCIPAL OFFICE

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

1146 NE 48 STREET

Pompano Beach, FL 33064

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARCO RICETTI

1146 NE 48" STREET

POMPANO BEACH, FL 33064

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARCO RICETTI

1146 NE 48 STREET

Pompano Beach, FL 33064

Signature/Incornorator

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date