## P05000020708

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	÷#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
<del></del>		<del></del> _	



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02/03/05-01037--019 \*\*70.00

2005 FEB - 3 A 2: 02
SECRETARY OF STATE

## TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Autouio P. Name	BAR BOSO. (Printed or typed)		
9846 Bernwood Place Dn. # 203				
Tt. MYENS, Fl. 33912 City, State & Zip				
(239) 22932 50				

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

Daytime Telephone number

•	
ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profi	t)
ARTICLE I NAME  The name of the corporation shall be:	
Brasbosa Floor COVENING,	INC.
ARTICLE II PRINCIPAL OFFICE	en e
The principal place of business/mailing address is:  9846 BERN WOOD PLACE DR. 4203	
Ft. Myers, Fl. 33912	TALL SE
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	CCRE F
Profit	FILED  FEB -3 A 2: 02  RETARY OF STATE  ALL SEEL FLORIDA
nopi	OF S. F.F.
ARTICLE IV SHARES	2 A
The number of shares of stock is:	
. 100	72
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	ORS
List name(s), address(es) and specific title(s):	
ANTONIO R. BARBOSA	
ANTONIO R. BARBOSA GP46 BERNWOOD Pl. DR. #203	
Ft. MYERS, FT. 33912	
P4. 100/000/11 35/12	
ARTICLE VI REGISTERED AGENT	and the second s
The name and Florida street address of the registered agent is:	
Juliana Vereila	
6600 paignalite	
66 80 Briarcht & B Ft. Myens F1. 33912	
PATRICIA PRINCIPALITA	· ·
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:  Juli aua Poly ron  6580 sui accuff RD  A. MENS, F1. 33912	
Juli aud Paggra	
6580 marcuff Ky	
A. MYEND, 11. 33912	
**********************	***********
Having been named as registered agent to accept service of process for the altertificate, I am familiar with and accept the appointment as registered agent at	ove stated corporation at the place designated in this
life A	na agree to act in this capacity
1 MASK	01/10/05
Signature/Registered Agent	$-\frac{01}{45}$
	Date ,
! <b>!</b>	
Signature/Incorporator	01/25/05
organitation porator	Daté
<b>y</b>	