## P05000051414

(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:	7





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05 APR -4 AM 10: 30
SECULAR SECULORIES

4/7/05 BWY

## TRANSMITTAL LETTER

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

SUBJECT:	Bogdan's rep	sair Corp.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status		
FROM:	Bogdon Name	Melnik (Printed or typed)			
	12044 Sarag	OSSa La Address			
	North Port City,	FL 34287 State & Zip	<del></del> .		
(941) 232-1391					

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

ARTICLES OF INCORPORATION	<del>-</del>
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	T E,
The name of the corporation shall be:	05 APR -4 AM 10: 30
Bogdan's repair COTP.	
9	SECRE MRY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 12044 Sarago North Port Fl	ssa Ln
Mach Part Fl	34287
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	200000
The purpose for which the corporation is organized is:  tile instabation, tile repair, mainte	waves behavi
ARTICLE IV SHARES The number of shares of stock is:	<del></del> .
he number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Non	
) <b>*</b> O *(	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
Bogdan Melnik	
Bogdan Melnik 12044 Saragossa Ln North Port FL 34287	
North Port 1 FL 34287	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Boadan Melnik	•
12044 Sarapossa Ly	
The <u>name and address</u> of the Incorporator is: Boodan Melnik 12044 Saragessa Ly North Roct FL 34287	
*********************	
Taving been named as registered agent to accept service of process for the above stated corporate certificate, I applicantilian with a <del>nd ac</del> cept the appointment as registered agent and agree to act in the	tion at the place designated in this is capacity
Al SIN	
1,10	3.24.05
Signature/Registered Agent	3.24.05 Date
MESS	
	3. 24. 05
//Signature/Incorporator	Date
•	