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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | Office Use Onl | у , |



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TRANSMITTAL LETTER

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

| SUBJECT: | 00 \$ KO ENIE | ZTRISES —~ TENAME- <u>MUSTINCL</u> | • |
|----------------------|------------------------------------|---------------------------------------|------------------------------------|
| | (PROPOSED CORPORA | HE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the arti | icles of incorporation and | a check for: |
| \$70.00 Filing Fee | | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy |
| | de cermicale of Status | ADDITIONAL CO | & Certificate of Status |
| | | ADDITIONAL CO | T REQUIRED |
| | | | |
| FROM: | PHILP | BOHANA (Printed or typed) | |
| | Name | (Printed or typed) | |
| | 6401 N. UNIVE | ERSITY DRIVE | APT 320 |
| | TAMARAC City, | FLORIDA 3 | 3321 |
| | (9547 721-3 Daytime T | 697 | |

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 |
| The name of the corporation shall be: |
| BO & RO ENTERPRISES INC |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6401 N UNIVERSITY DRIVE ART 320 |
| The principal place of business/mailing address is: |
| |
| TAMARAC FLA 33321 PD 3 M |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: |
| T |
| MARKETING AND SALES |
| ARTICLE IV SHARES |
| The number of shares of stock is: |
| 100 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): |
| PHILIP BOHANA (P) (D) |
| 6401 N UNIVERSITY DR APT 320 |
| ROSALIE LANGLEY BOHANA(VP/(D) |
| GHOI N. UNIVERSITY DR. ADT 320 TAMARAC FLA 33321 |
| ARTICLE VI REGISTERED AGENT |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| Philip BOHANA |
| 6401 N. UNIVERSITY DRIVE AFT 320 |
| TAMARAC FLA 33321 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |
| Philip BOHANA |
| 6401 N. UNIVERSITY DR APT 320 |
| TAMARAC FLA 33321 |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this |
| certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity |
| Philip 180 Anna - 6/24/05 |
| Signature/Registered Agent Date |
| 14 p. 0.1 |
| 1 my 1877ana 61+2/03 |
| Signature/Incorporator Date |