

PO6000021860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

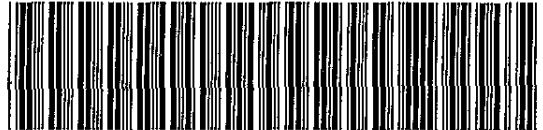
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Certified Copies _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -9 AM 10:35

M2D
2/15

COVER LETTER

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

SUBJECT: BRUJO, INC

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JAMES R FILAK CPA P C

Name (Printed or typed)

826 S LAPEER RD STE B

Address

OXFORD

MI

48371

City, State & Zip

248-236-8110

Daytime Telephone number

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

BRUJO, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15602 EASTBOURN DR
ODESSA, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONDUCT BUSINESS SERVICES- MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOSEPH KELLIHER, PRESIDENT
15602 EASTBOURN DR
ODESSA, FL 33556

ARTICLE VI REGISTERED AGENT

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

JOSEPH KELLIHER
15602 EASTBOURN DR
ODESSA, FL 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH KELLIHER
15602 EASTBOURN DR
ODESSA, FL 33556

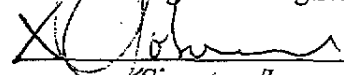
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 

Signature/Registered Agent

2-1-06

Date

X 

Signature/Incorporator
15602 EASTBOURN DR
ODESSA FL 33556

2-1-06

Date