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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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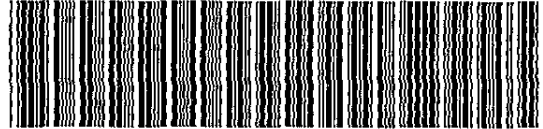
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 2-6

COVER LETTER

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

SUBJECT: FLORIDA BRAVEHEART GROUP, 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: Jimmy D. Ho
Name (Printed or typed)

532 S.W. 176TH Way
Address

Pembroke Pines, FL 33029
City, State & Zip

(954) 812-7500
Daytime Telephone number

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

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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:

FLORIDA BRAVE HEART GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 820483

South Florida, FL. 33082-0483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CORPORATE SECURITY (PRIVATE INVESTIGATION)

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jimmy D. Ho, President
P.O. Box 820483
South Florida, FL. 33082-0483

ARTICLE VI REGISTERED AGENT

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

Jimmy D. Ho
532 S.W. 176TH Way
POMONOK PINES, FL. 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jimmy D. Ho
532 S.W. 176TH Way
POMONOK PINES, FL. 33029

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:

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA