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| PICK-UP                   | ☐ WAIT            | MAIL        |
| , (Bus                    | siness Entity Nar | me)         |
|                           |                   |             |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer;   |             |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

CJ. 6-5

# **COVER LETTER**

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

| SUBJECT: Bruce Cyr - Labor & Installati                                    | ion, Inc.                                          |                                                                        |
|----------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| (PROPOSED CORPORA)  Enclosed are an original and one (1) copy of the artic | -                                                  |                                                                        |
| \$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status             | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: Bruce Cyr                                                            |                                                    |                                                                        |
| Name (                                                                     | (Printed or typed)                                 |                                                                        |
| 5190 Canal Cir. W.                                                         |                                                    |                                                                        |
| A                                                                          | Address                                            |                                                                        |
| Lake Worth, FL 33467                                                       |                                                    |                                                                        |
| City,                                                                      | State & Zip                                        |                                                                        |
| 561-649-6161                                                               |                                                    |                                                                        |
| Daytime Te                                                                 | elephone 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)

#### ARTICLE I NAME

The name of the corporation shall be:

Bruce Cyr - Labor & Installation, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5190 Canal Cir. W. Lake Worth, FL 33467

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate any legal business

#### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bruce Cyr, 5190 Canal Cir. W., Lake Worth, FL 33467 - President Belinda Cyr, 5190 Canal Cir. W., Lake Worth, FL 33467 - Vice President

#### ARTICLE VI REGISTERED AGENT

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

Bruce Cyr 5190 Canal Cir., W. Lake Worth, FL 33467

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vera Brazo 5450 Helene Cir. Boynton Beach, FL 33437

Signature/Incorporator

5/27/06 Date