

P06000113893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

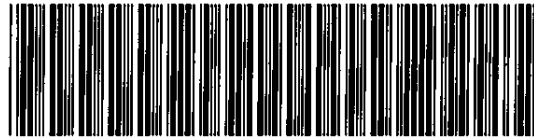
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000078765680

08/22/06--01054--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP - 1 PM 1:28

VH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2006

CLAUDINEI MENDES BARBOSA
10523 CHAD BOURNE DR
TAMPA, FL 33624

SUBJECT: MENDES BRICK INSTALLATION INC.
Ref. Number: W06000037358

We have received your document for MENDES BRICK INSTALLATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 106A00051959

ARTICLES OF INCORPORATION

WE, THE UNDERSIGNED, Hereby associate ourselves together for the Purpose of becoming a Corporation under the laws of the State of Florida providing for the formation, liability, rights privileges and immunities if Corporations for profit.

ARTICLE I NAME

The name of this corporation shall be as follows:

MENDES BRICK INSTALLATION INC.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III CAPITAL STOCK

The maximum number of share of stock that this corporation is authorized to have outstanding at any time is five hundred (500) shares of common stock, of one hundred dollar (100.00) dollars.

ARTICLE IV INITIAL CAPITAL

The amount of capital with this corporation will begin business will not less than one hundred (100.00) dollars.

ARTICLE V TERM OF EXISTENCE

This corporation is to have perpetual existence.

ARTICLE VI ADDRESS

The initial street address in the State of Florida of the principal office and the office of Board of Directors and incorporators shall be as follows.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP - 1 PM 1:28

The board of Directors may from time to time move the principal office to any other address in the State of Florida.

ARTICLE VII INITIAL BOARD OF DIRECTOR

President

CLAUDINEI MENDES BARBOSA

This corporation shall have one president. The number of Directors may be either increased or decreased by-laws adopted by the shareholders but never shall be less than one- the name(s) of the initial Directors of the Corporation are:

ARTICLE VIII INCORPORATORS

The name (s) of the incorporators:

CLAUDINEI MENDES BARBOSA

10523 CHAD BOURNE DR.

Tampa, Fl. 33624

ARTICLE IX BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and Shareholders.

ARTICLE X AMENDMENTS

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendments to them, and any right conferred upon the shareholders is subjects to this reservation.

ARTICLE XI SUB CHAPTER'S CORPORATION

This Corporation may elect to become a sub-Chapter S Corporation as define by the Internal Revenue Code.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -1 PM 1:28

ARTICLE XI REGISTERED AGENT AND OFFICE
CLAUDINEI MENDES BARBOSA
10523 CHAD BOURNE DR.
Tampa, Fl. 33624
(813)401-7851

The registered Agent, as listed below with address, hereby accepts said designation by signature below:

THE UNDERSIGNED, as subscribing incorporator, have set our hand and seal on August 14th, 2006, for the purpose of forming this Corporation under the laws of the State of Florida, and here do make and file, in the office of the Secretary of the State of Florida, these Articles of Incorporation, and certify that the facts he stated are true and correct.


STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to or affirmed and signed before me on 14th day of August, 2006

By: **CLAUDINEI MENDES BARBOSA**

Claudinei m. Barbosa

Signature



Notary Public



☒ Personally Known
☐ Produced Identification
Type of identification produced _____