

P07000126413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

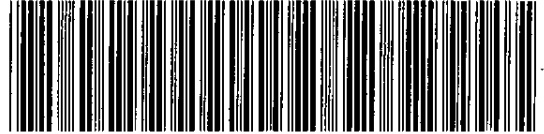
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/26/07--01025--015 \*\*78.75

MRD  
11/28

FILED  
07 NOV 26 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: FLOBRAS, 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: EVELIO MEDINA  
Name (Printed or typed)

327 West 75 PLACE  
Address

Hialeah, Florida 33014  
City, State & Zip

305-609-1220  
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  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Flobras, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

327 West 75 PLACE  
Hialeah, FL 33014

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commerce and trade between Brazil  
and other countries worldwide and the USA

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 at \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EVELIO MEDINA President, Treasurer  
327 West 75 PLACE  
Hialeah, FL 33014

**ARTICLE VI REGISTERED AGENT**

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

EVELIO MEDINA  
327 West 75 Place  
Hialeah, Florida 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

EVELIO MEDINA  
327 West 75 Place  
Hialeah, Florida 33014

\*\*\*\*\*

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

11-20-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-20-07  
\_\_\_\_\_  
Date

EVELIO MEDINA

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TALLAHASSEE, FLORIDA