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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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	2007,DEC 10 .A SECRETARY O FALLAHASSEE.	
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Office Use Only

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# **COVER LETTER**

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

SUBJECT:	CHNOGUEIRA CORP.			
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: C	ARLOS NOGUEIRA			
	Name	(Printed or typed)		
	6158 C. DURHAM DR			
	LAKE WORTH, FL 334	Address 467 State & Zip		
	561-252-2012	elephone number	-	
	Su, Line 1			

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



November 30, 2007

CARLOS NOGUEIRA 6158 C. DURHAM DR. LAKE WORTH, FL. 33467

SUBJECT: CHNOGUEIRA Ref. Number: W07000058431

We have received your document for CHNOGUEIRA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008</u> <u>date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 807A00068071

### **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:

CHNOGUEIRA, CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6158 C. DURHAM DRIVE LAKE WORTH, FL 33467

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **AUTO DETAILING- SERVICE** 

### ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CARLOS H. NOGUEIRA **PRESIDENT** 6158 C. DURHAM DRIVE LAKE WORTH, FL 33467

### ARTICLE VI REGISTERED AGENT

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

LILIANE NOGUEIRA VICE-PRESIDENT 6158 C. DURHAM DRIVE LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS H. NOGUEIRA

**PRESIDENT** 

6158 C. DURHAM DRIVE

LAKE WORTH, FL 33467

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