Florida Department of State **Division of Corporations** Public Access System

# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000144644 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017

Phone : (305) 485-9300

Fax Number : (305) 485-1098

# FLORIDA PROFIT/NON PROFIT CORPORATION

# BREA ASPHALT SOLUTION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Hog 000 144 6443.

## ARTICLES OF INCORPORATION

OF

## BREA ASPHALT SOLUTION, INC

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

#### ARTICLE I

The name of this corporation shall be:

# BREA ASPHALT SOLUTION, INC

ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
- To have perpetual succession by it's corporate

Name:

# BREA ASPHALT SOLUTION, INC

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 H09 000 1446443

H09 000 1446443. article iv

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

## ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MARTHA E LOOCHKARTT 13727 SW 152 ST # 115 MIAMI, FL 33177

The principal office shall be:

13727 SW 152 ST # 115 MTAMI, FL 33177

Hog 000 1446443.

Hog 000 144 6443.

#### ARTICLE VI

The initial Board of Directors shall consist of a total of THREE (3) person, and the name and address of the person who is to serve as an initial director is:

MARTHA E LOOCHKARTT 13727 SW 152 ST # 115 MIAMI, FL 33177 PRESIDENT

JOSE A LOOCHKARTT 13727 SW 152 ST # 115 MIAMI, FL 33177 VICE-PRESIDENT

RUTH LOOCHKARTT 13727 SW 152 ST # 115 MIAMI, FL 33177 TREASURER

The name and address of the incorporator executing these articles of incorporation

MARTHA E LOOCHKARTT 13727 SW 152 ST # 115 MIAMI, FL 33177

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 15 day of June 2009

MARTHA E LOOCHKARTT

Hog 000 144 6443

Hog 000 1446443

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office /registered agent, in the State of Florida.

1. The name of the corporation is

# BREA ASPHALT SOLUTION, INC

2. The name and address of the registered agent end office is:

MARTHA E LOOCHKARTT 13727 SW 152 ST # 115 MIAMI, FL 33177

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE\_

Dated: June 15, 2009

H09000 1446443

11:11 WIL 60