

P10000072328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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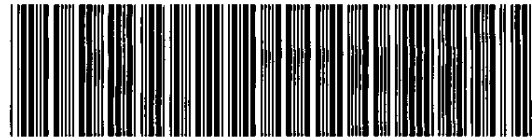
(Business Entity Name)

(Document Number)

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

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SEP - 1 PM 3:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

T. Burch SEP. 2. 2010

## COVER LETTER

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

SUBJECT: JS BRICK PAVING CO.  
(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: JONIELSON SANTOS SILVA  
Name (Printed or typed)

8405 WILLOW FOREST CT  
Address

TAMPA FL 33634  
City, State & Zip

(505) 353-7758  
Daytime Telephone number

JONIELSON-USA@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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:

J S. BRICK PAVING CO

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

8405 WILLOW FOREST CT  
TAMPA FL 33634

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BRICK WORK AND PAVING

**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):

JONIELSON SANTOS SILVA - PRESIDENT  
DORISMAR DE SA COSTA - VICE PRESIDENT - SECRETARY - TREASURER

**ARTICLE VI REGISTERED AGENT**

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


GONZALO LEVER  
5503 E. COLUMBUS DR  
TAMPA FL 33619

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JONIELSON SANTOS SILVA  
8405 WILLOW FOREST CT  
TAMPA FL 33634

\*\*\*\*\*  
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

8/24/10  
\_\_\_\_\_  
Date

8/24/10  
\_\_\_\_\_  
Date

FILED  
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TALLAHASSEE, FLORIDA