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W1-96-7803

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2011 FEB 22 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 24 2011

## COVER LETTER

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

SUBJECT: **CONNECTION SERVICES 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: **Flavio Melo**

Name (Printed or typed)

**11302 Isle of Waterbridge # 105**

Address

**Orlando, Florida, 32837**

City, State & Zip

**407 470 5008**

Daytime Telephone number

**flaviom@live.com**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2011

FLAVIO MELO  
11302 ISLE OF WATERBRIDGE #105  
ORLANDO, FL 32837

SUBJECT: CONNECTION SERVICES INC.  
Ref. Number: W11000007883

We have received your document for CONNECTION SERVICES INC. 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 411A00003428

**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: **connection services Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11302 Isle of Waterbridge # 105  
Orlando, Florida, 32837

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Do Business With and for  
Brazilians.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Flavia Leal P  
Address: 11302 Isle of Waterbridge # 105  
Orlando, Florida, 32837

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Flavio Melo VP  
Address: 11302 Isle of Waterbridge # 105  
Orlando, Florida, 32837

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Flavio Melo  
Address: 11302 Isle of Waterbridge # 105  
Orlando, Florida, 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Flavio Melo  
Address: 11302 Isle of Waterbridge # 105  
Orlando, Florida, 32837

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

Flavio Vieira de Melo  
Required Signature/Registered Agent

02/04/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Flavio Vieira de Melo  
Required Signature/Incorporator

02/04/2011  
Date

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 22 PM 4:41

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