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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2011 APR -5 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
4-6-11

## COVER LETTER

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

SUBJECT: Burca Elevator & Metal Works, 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: Mihai Burca

Name (Printed or typed)

901 N.E. 14th Ave., Suite 502

Address

Hallandale Beach, FL 33009

City, State & Zip

561-598-9585

Daytime Telephone number

mburca@yahoo.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2011 APR -5 PM 12:30

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**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: Burca Elevator & Metal Works, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
2120 Fletcher Street, Bay # 3  
Hollywood, FL 33020

Mailing address, if different is:  
901 N.E. 14th Ave., Suite 502  
Hallandale Beach, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Mihai Burca, President  
Address: 901 N.E. 14th Ave., Suite 502  
Hallandale Beach, FL 33009

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

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

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:

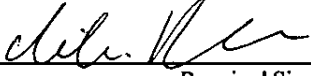
Name: Mihai Burca  
Address: 901 N.E. 14th Ave., Suite 502  
Hallandale Beach, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Mihai Burca  
Address: 901 N.E. 14th Ave., Suite 502  
Hallandale Beach, FL 33009

*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*

  
Required Signature/Registered Agent

4/1/2011  
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.*

  
Required Signature/Incorporator

4/1/2011  
Date

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