

P11000070856

(Requestor's Name)

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(City/State/Zip/Phone #)

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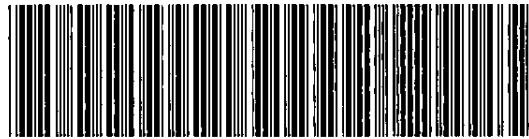
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG - 5 PM 2:01

PS sfsf.1

8/4/11  
850-245-6052

**COVER LETTER**

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

**SUBJECT: BURNCO SALES 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: Alden M. Burnett**

Name (Printed or typed)

**111th Street North #310**

Address

**Seminole, FL. 33772**

City, State & Zip

**727-365-7686**

Daytime Telephone number

**alden.m.burnett@gmail.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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** BURNCO SALES Inc  
The name of the corporation shall be:

11 AUG -5 PM 2:01

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
8396 - 111th Street North #310  
Seminole, FL 33772

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Marketing and selling products and services related principally to the aluminum construction industry.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000.

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

Name and Title: Alden M. Burnett, President	Name and Title: _____
Address: 8396 - 111th Street North #310	Address: _____
Seminole, FL 33772	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Mrs. M.C. Cabello  
Address: 8950 Seminole Blvd Suite 2  
Seminole, FL 33772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Mrs. M.C. Cabello  
Address: 8950 Seminole Blvd, Suite 2  
Seminole, FL 33772

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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date