P11000078388

(Requestor's Na	ıme)
(Address)	
(/ (ad/e55)	
(Address)	
(City/State/Zip/F	Phone #1
(City/State/Zip/r	Thorie #)
	_ 🗂
PICK-UP WAI	T MAIL
(Business Entity	, Noma)
(Business Entity	/ Name)
(Document Nun	nber) .
Certified Copies Certifi	cates of Status
Consider the second sec	
Special Instructions to Filing Officer	:
l	
	ļ
	1
WH-43872	
to11-4387a	, -

Office Use Only



500210825455

08/22/11--01019--015 **78.75

SECRETARY OF STATE

SEP -2 PH 2: 36



COVER LETTER

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

SUBJECT: Las Brisas Construction	on Corp	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Lidia V. Ramirez	e (Printed or typed)	<u> </u>
1118 Berkley Lane		
	Address	
Winter Haven, Florida City,	33880 State & Zip	
786- 384-3302 Daytime 1	elephone number	····
LRGabriela123@yahoo	.com	
E-mail address: (to be use	u tor tuture annuat report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2011

- السيدلان

LIDIA V. RAMIREZ 1118 BERKLEY LANE WINTER HAVEN, FL 33880

SUBJECT: LAS BRISAS CONSTRUCTION CORP.

Ref. Number: W11000043872

We have received your document for LAS BRISAS CONSTRUCTION CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 511A00019724

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co	•			
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
`- 1	118 Berkley Lane	Ľ	viniting address, it different is.	
	Vinter Haven, Florida 33880			
ARTICLE III	PURPOSE			
	hich the corporation is organized is: I repairs as a handyman for modula	ar buildings.		
ADDRECT IN THE	SHARES TOTAL OF 1005	haras	LAH.	
AKTICLE IV The number of char	es of stock is:	.7 1007 62		, *****:
The number of strain	as of stock is.		SAS N	
	INITIAL OFFICERS AND/OR DIRECTO			T)(
	de:Lidia V. Ramirez (President)	Name and Title:		
Address:	1118 Berkley Lane Winter Haven, Fl. 33880	Address:		_
	Gedio D. Ranise			
	_			
	tle: Luis F. Ohallorans (Vice Presiden	t) Name and Title:	,	
Address:	1118 Berkley Lane	Address:	· · · · · · · · · · · · · · · · · · ·	
	Winter Haven, Fl 33880			
	-			_
	tle:	Name and Title:		
Address:				
		·		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agen	nt is:	
Name:	Lidia V. Ramirez (President			
Address:	1118 Berkley Lane			
	Winter Haven, FL33880	_		
ARTICLE VII	INCORPORATOR	-		
	ress of the Incorporator is:			
Name:	- Lidia V. Bami	<u>iRez</u>		
Address:	1118 BERKLEY Jane Winter Haven FL.	71 or of on 2		
	WINTER Haven, FL.	23880		
Having been name	d as registered agent to accept service of proc	ess for the above sta	ted corporation at the place designat	ted in
this certificate, I an	n familiar with and accept the appointment as r	egistered agent and a	gree to act in this capacity	
\sim				
\mathcal{O}	Required Signature/Registered Agent	<u> </u>	08/18/2011	
,	Required Signature/Registered Agent (\mathcal{L}	Date	
I submit this doors	ment and affirm that the facts stated herein a	re true I am ava-	that the false information cubulture	l in a
document to the De	partment of State constitutes a third degree feld	onv as provided for in	ssa we juse nyormuon suomuuu 18817.155. F.S	. u: u
1	1	, <u>— p. 0</u>		
\sim	(Kamin	g.	08/18/2011	
()	Required Signature/Incorporator	7	Date	