P11000091098

(Requestor's Name)				
(Åddress)				
(Address)				
(Cit	ty/State/Zip/Phone	→ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: BAS FERRAN SHO	
(PROPOSED CORPORA' Enclosed are an original and one (1) copy of the artic	TE NAME - MUST INCLUDE SUFFIX) cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: JUAN BAS FERRAN Name	(Printed or typed)
19900 NW 37 AV	E LOT A-27
MIAMI GARDENS City,	5, FL 33056 State & Zip
(305) 467-3786 Daytime To	elephone number
LEONORBAS123 E-mail address: (to be used	BOYAHOO.ES I for future annual report notification)

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



September 27, 2011

JUAN BAS FERRAN 19900 NW 37 AVE LOT A-27 MIAMI GARDENS, FL 33056

SUBJECT: BAS FERRAN SHOWER REPAIR, INC

Ref. Number: W11000049901

We have received your document for BAS FERRAN SHOWER REPAIR, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation in Article I.

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.

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: 711A00022282

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

ARTICLE I	corporation shall be: Bas Ferran .	Shower	Repair, INC	•
The name of the C	corporation shall be: 003 1211971.		<i>V</i> , .	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is	
	19900 NW 37 AVE LOT A-27		00 NW 37 AVE LOT A	
	MIAMLGARDENS, FL 33056	Ми	AMI GARDENS, FL 33	056
ARTICLE III	PURPOSE which the corporation is organized is:			
PRU	PESSIONA			
		_	Ź	<u>a</u> · ===
COF	RPORATION	`	<u> </u>	. S
			₽ñ	grand i d e est
The number of sh	SHARES		SSS	
The name of the	T.		إبار	me
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT			
	Title: JUAN BAS / DIRECTOR	Name and Tit Address:	tle:	
Address:	19900 NW 37 AVE LOT A-27 MIAMI GARDENS, FL 33056			Nine (n
	WIAWI GANDENS, I'L 33030			A
Name and	Title:	Name and Ti	tle·	
Address:		Address:		
				
Name and	Title:	Name and Ti	tle·	
Address:	rice.	Address:		
1 3021 3001				
	REGISTERED AGENT		. •	
The name and F	lorida street address (P.O. Box NOT acceptable LEONOR A. BAS	e) of the registered a	gent is:	
Address:	19900 NW 37 AVE LOT A-27	7		
Addiess.	MIAMI GARDENS, FL 33056			
ADTICI E III	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	LEONOR A. BAS			
Address:	19900 NW 37 AVE LOT A-27			
	MIAMI GARDENS, FL 33056	<u>. </u>		
Having been nat	ned as registered agent to accept service of pro-	cess for the above	stated corporation at the place	designated in
this certificate, I	am familiar with and accept the appointment as	registered agent an	d agree to act in this capacity	-
			-0/0-	1.
			04/80	120/1_
	Required Signature/Registered Agent		Dat	te
I submit this doc	cument and affirm that the facts stated herein	are true. I am awa	re that the false information:	submitted in a
	Department of State constitutes a third degree fe			
	23-2		m/a.	12011
			09/20	1/00//
	Required Signature/Incorporator		D	ate