## 712000035603

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

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

SUBJECT: BUSINESS ROAD LINK CORP				
(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 & Certificate of Status	& Cer Status	Fee, ied Copy tificate of		
	ADDITIONAL COPY REQ	UIRED		
FROM: HANOI SCULL RAMOS  Name (Printed or typed)				
15460 SW 73 LN, #3				
A	ddress	2012 TALL		
MIAMI, FL 33193		ARE AP TO		
City, S	State & Zip	2012 APR 13 SECRETARY ALLAHASSE		
305-967-9644		mc "		
Daytime Telephone number				
ZAIDALIS@LIVE.COM	for future annual report notification	S 771 <b>9</b>		
E-mail address: (to be used	for future annual report notification	1)		

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)

The name of the	Corporation shall be:	LINK CORP	
The name of the	corporation shall be.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address	
	15460 SW 73 LN. #3		3
	MIAMI, FL 33193	· · · · · · · · · · · · · · · · · · ·	
ARTICL <u>E</u> III	PURPOSE		
	which the corporation is organized is:		
DELIVERY	AND COURRIER SERVICES		
ARTICLE IV	SHARES	140	
The number of sh	hares of stock is: 100 COMMOM STOC	KS	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
Name and	Title: HANOI SCULL RAMOS	Name and Title:	
Address:			
	MIAMI, FL 33193		
Name and	Title:	Name and Title:	
Address:		Address:	
		<del></del>	
Nome and	Title:		
Address:	Title.	Address:	
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT accepta		Es d
Name: Address:	HANOI SCULL RAMOS 15460 SW 73 LN, #3		Fc 117
Addiess.	MIAML FL 33193	<del></del>	2012 APR SECKETA ALLAHAS
		·	ASS A
	INCORPORATOR		M-S W
	address of the Incorporator is:		tuc _
Name:	HANOLSCULL RAMOS		
Address:	15460 SW 73 LN, #3 MIAMI, FL 33193	<del></del>	83 7 (7)
Harrison band wa	med as registered agent to accept service of	process for the above stated corneration	on at the place designated in
this certificate. I	imea as registeren agent to accept service of f I am familiar with and accept the appointment	as registered agent and agree to act in	this capacity
ins cernificate, i	am juriana van am accept the appointment	and register our agents are agree to not in	. [ ]
<i>P</i> .	XX		4/10/2012
	Required Signature/Registered Age	nt	Date
I submit this do	ocument_and affirm that the facts stated here	ein are true. I am aware that the false	information submitted in a
document to the	Department of State constitutes a third degre	e felony as provided for in s.817.155, F.	S.S.
λ	( )		al. 1
r_1	X X		4/10/2012
	Required Signature/Incorporator		Date