

P13000066893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

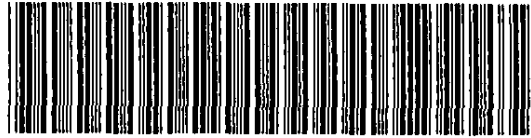
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/13--01012--004 **87.50

13 AUG 13 PM 3:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Brazilian American Exports, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DARREN COVAR
Name (Printed or typed)

10 FAIRWAY Drive, Suite 202
Address

Deerfield Beach FL 33441
City, State & Zip

954-312-3662
Daytime Telephone number

DARREN. COVAR @ yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Brazilian American Exports, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10 Fairway Drive
Suite 202
Deerfield Bch Fl 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Import and Export
products between the United States, other
Countries, and Brazil.

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darren Covar, P Name and Title: Lucia Melo, VP

Address: 10 Fairway Dr Address: Same
Suite 202
Deerfield Bch Fl 33441

Name and Title: Fabiana Covar, Treasurer Name and Title: _____

Address: Same Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

13 AUG 13 PM 3:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont)

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: Law Offices of Darren Covar, PA
Address: 10 Fairway Dr. #202
Deerfield Bch FL 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darren Covar
Address: 10 Fairway Dr. #202
Deerfield Bch FL 33441

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

[Signature] 8/7/13
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.

[Signature] 8/7/13
Required Signature/Incorporator Date

13 AUG 13 PM 3:00
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