

PLA000034991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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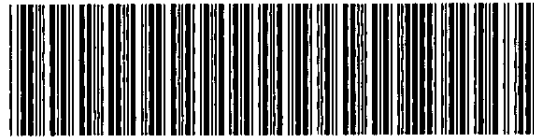
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/14/14--01040--004 **78.75

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14 APR 14 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **E&J Installers 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Claudio R. Nascimento**

Name (Printed or typed)

21266 Summer trace Circle

Address

Boca Raton, FL 33428

City, State & Zip

954 393 8750

Daytime Telephone number

claudionascimento8@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: E&J Installers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21266 summer trace circle
Boca Raton FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tile/Marble Installation

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edelson Silva

Name and Title: President

Address: 22563 sw 66th ave
#205- Boca Raton
33428

Address: _____

Name and Title: Jovane Oliveira

Name and Title: Vice President

Address: 22563 sw 66th ave
#205 Boca Raton
33428

Address: _____

Name and Title: Claudio Nascimento

Name and Title: Director

Address: 21266 Summer Trace
Boca Raton fl
33428

Address: _____

(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: Sheyanne Nascimento
Address: 21266 Summer trace circle
Boca Raton FL 33428

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claudio Nascimento
Address: 21266 Summer trace Circle
Boca Raton, FL 33428

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

Sheyanne Nascimento
Required Signature/Registered Agent

4/11/14
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.

Claudio Nascimento
Required Signature/Incorporator

4/11/14
Date