

P14 000053261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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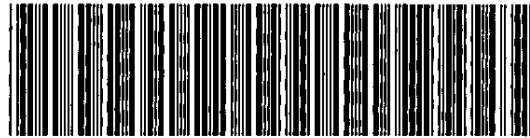
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 16 PM 2:46

*CC 6/19/14

COVER LETTER

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

SUBJECT: B R Specialists 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

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: RUBEN GUTIERREZ
Name (Printed or typed)

5205 SW 87 TERRACE
Address

COOPER CITY, FL 33328
City, State & Zip

(954) 806-1595
Daytime Telephone number

brspecialists6@gmail.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: B. R. SPECIALISTS, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5205 SW 87 TERRACE
COOPER CITY, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Handyman Services

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBEN COUTIERREZ Name and Title: _____

Address: 5205 SW 87 TERRACE Address: _____
COOPER CITY, FL 33328

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: RUBEN COUNTERREZ

Address: 5205 SW 87 TERRACE
COOPER CITY, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RUBEN COUNTERREZ

Address: 5205 SW 87 TERRACE
COOPER CITY, FL 33328

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

Required Signature/Registered Agent

6/12/14
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.

Required Signature/Incorporator

6/12/14
Date