

P140000 89902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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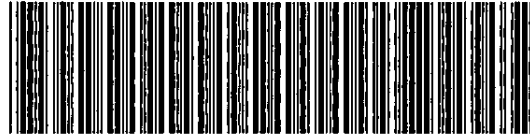
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 31 PM 2:03
TALLAHASSEE, FLORIDA

NOV -4 2014

S. GILBERT

COVER LETTER

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

SUBJECT: BRICKHOUSE G. 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: INAKI SAIZARBITORIA, ESQ.

Name (Printed or typed)

21 S.W. 15 ROAD SUITE 200

Address

MIAMI, FLORIDA 33129

City, State & Zip

305-374-4106

Daytime Telephone number

INAKISAI@AOL.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: BRICKHOUSE G CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

Mailing address, if different is:

1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERNAN GOLOD D-P

Address: 1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

Name and Title: _____

Address: _____

Name and Title: SEBASTIAN GOLOD D-S-T

Address: 1390 BRICKELL AVE.

SUITE 104

MIAMI, FLORIDA 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 OCT 31 PM 4:03
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

(conti.)

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: SEBASTIAN GOLOD
Address: 1390 BRICKELL AVE. SUITE 104
MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEBASTIAN GOLOD
Address: 1390 BRICKELL AVE. SUITE 104
MIAMI, FLORIDA 33131

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

10/29/14
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

10/29/14
Date