

DIS000024849

(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



500270191525

03/12/15--01009--012 **78.75

FILED
15 MAR 12 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Brevard County Cattle Company**
(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: **Carlos M Maldonado-Vazquez**
Name (Printed or typed)
1084 Welch Rd
Address
Palm Bay, Fl, 32909
City, State & Zip
321-610-0752
Daytime Telephone number
brevardcountycattlecompany@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: Brevard County Cattle Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

1084 Welch Rd
Palm Bay, Fl, 32909

Mailing address, if different is:

1084 Welch Rd
Palm Bay, Fl, 32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos M Maldonado-Vazquez :P

Name and Title: _____

Address

1084 Welch Rd
Palm Bay, Fl, 32909

Address: _____

Name and Title: Kelly A Garcia :T

Name and Title: _____

Address

1084 Welch Rd
Palm Bay, Fl, 32909

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
15 MAR 12 PM 1:47
STATE OF FLORIDA
TALLAHASSEE

(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: Carlos M Maldonado-Vazquez
Address: 1084 Welch Rd
Palm Bay, FI, 32909

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Carlos M Maldonado-Vazquez
Address: 1084 Welch Rd
Palm Bay, FI, 32909

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

03-9-15
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

03-9-2015
Date

FILED
15 MAR 12 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA