

P15000968335

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
BOBCAT & ESCAVATORS CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

**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: BOBCAT & ESCAVATORS CORP

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

5 OVIEDO AVE.

CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Any and all lawful business.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Title: PRESIDENT

Name and Title: \_\_\_\_\_

*Name:* TEIXEIRA, JOHN NELSON

Address: \_\_\_\_\_

*Address:* 5 OVIEDO AVE

CORAL GABLES, FL. 33134

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN NELSON TEIXEIRA  
Address: 5 OVIEDO AVE  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN NELSON TEIXEIRA  
Address: 5 OVIEDO AVE  
CORAL GABLES, FL 33134

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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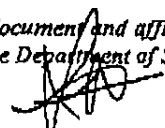
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

08/13/2015

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

08/13/2015

Date

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