

P16 000070133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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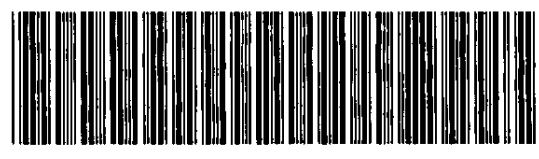
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

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

**SUBJECT:** BULL INTERNATIONAL CONSULTANTS 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:** ELORA ANDRADE ORTEGO, ESQ.  
\_\_\_\_\_  
Name (Printed or typed)  
  
704SW 17th AVENUE, SUITE 4  
\_\_\_\_\_  
Address  
  
MIAMI, FL 33135  
\_\_\_\_\_  
City, State & Zip  
  
(786)707-7770  
\_\_\_\_\_  
Daytime Telephone number  
  
OFFICE@ANDRADELAWPA.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**

BULL INTERNATIONAL CONSULTANTS CORP.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

704 SW 17th AVENUE, SUITE 4

MIAMI, FL 33135

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS

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

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**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: MARCIA REGINA BULL, PRESIDENT Name and Title: \_\_\_\_\_

Address 704 SW 17th AVENUE, SUITE 4 Address: \_\_\_\_\_

MIAMI, FL 33135 \_\_\_\_\_

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

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

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

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

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: Andrade Law Office, P.A.  
Address: 704 SW 17th Avenue, Suite 4  
Miami, FL 33135

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**ARTICLE VII INCORPORATOR**

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

Name: Marcia Regina Bull  
Address: 704 SW 17th Avenue, Suite 4  
Miami, FL 33135

**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.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/8/2016

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

August 8th 2016  
Date