

P17000032483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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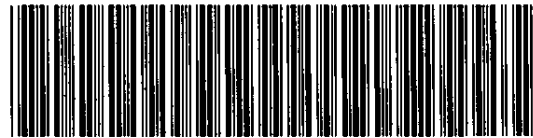
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 04/06/17

04/10/17

COVER LETTER

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

SUBJECT: BARRCON OF SOUTH FLORIDA INC.

(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: MANUEL BARRERA/BARRCON OF SOUTH FLORIDA INC.

Name (Printed or typed)

14842 S. W. 42 CT.

Address

MIRAMAR, FLA. , 33027-3330

City, State & Zip

305-588-5309

Daytime Telephone number

MANNYB3@COMCAST.NET

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: BARRCON OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14842 S. W. 42 CT.

MIRAMAR, FLA.

33027-3330

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL CONTRACTING SERVICES

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ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL R. BARRERA, PRESIDENT

Name and Title: _____

Address 14842 S. W. 42 CT.

Address: _____

MIRAMAR, FLA.

33027-3330

Name and Title: LAURA BARRERA, SECRETARY

Name and Title: _____

Address 14842 S.W. 42 CT.

Address: _____

MIRAMAR, FLA.

33027-3330

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: MANUEL R. BARRERA
Address: 14842 S. W. 42 CT.
MIRAMAR, FLA. 33027-3330

ARTICLE VII INCORPORATOR

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

Name: MANUEL R. BARRERA
Address: 14842 S. W. 42 CT.
MIRAMAR, FLA. 33027-3330

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/06/2017 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

[Signature] _____ 04/02/2017
Required Signature/Registered Agent 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.

[Signature] _____ 04/02/2017
Required Signature/Incorporator Date