

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

ma i l	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION **BROCHE PAINT CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
BrockE PAINT CORP	
ARTICLE IL PRINCIPAL OFFICE:	
The principal street address and mailing address is:	••
55 44 WW ROG TERRACE MIANI GARDENG FL	_
33055	
RTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 18
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	Kinr
LEANDRO FELIX BrachE Gin (P)	PH
	<i>\range \range \</i>
	ο, ¹ 3
<u></u>	••
he name and Florida atrest address (PO Remark and STREET ADDRESS:	_
he name and Florida street address (PO Box not acceptable) of the registered agent is: Leandro Felix Broche Gio	
Tarace	
Miami Garden FL 33055	.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Leandro Felix Broche Gin	
554 NW 206 Terrace	
Migmi Goddens El 33055	

Required Signatures:

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

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.

Incorporator Date