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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
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Email Address: Kelly.contin@lfcgroup.com.br

FLORIDA PROFIT/NON PROFIT CORPORATION
BE & AR Investments Corp.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
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HARVARD BUSINESS SERVICES

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July 9, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: BJ & AR INVESMENT CORP.
REF: W18000062495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Taylor B Collins
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000189317
Letter Number: 618A00014079

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: BJ & AR Investment Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

Le Réve: 970 N Bass Rd, KissimmeeFL 34746, EUA - Lt 51**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Investment in Residential Real Estate**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ramon Souza Dela Torres - Director

Name and Title: _____

Address: Rua Tenente Roberto Reynaldo, 730

Address: _____

Jundiai, SP, 13212-910, Brazil

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	<u>Registered Agents Inc.</u>
Address:	<u>3030 N. Rocky Point Dr., STE 150A</u>
	<u>Tampa, FL 33607, Hillsborough</u>

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name:	<u>Ramon Souza Dela Torres</u>
Address:	<u>Rua Tenente Roberto Reynaldo, 730</u>
	<u>Jundiai, SP, 13212-910, Brazil</u>

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 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.

<u>Bell Home</u>	<u>06/18/2018</u>
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.

<u>Ramona Dela Torres</u>	<u>06/25/2018</u>
Required Signature/Incorporator	Date