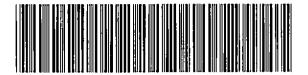
## 918000 10248H

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· _
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of Filips Office
Special Instructions to Filing Officer:
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## **COVER LETTER**

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

SUBJECT: BRICK	MEX CONSTRUCTION INC		
SUBJECT:	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
■ \$70.00 Filing Fce	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM: AR	TURO VENANCIO	e (Printed or typed)	<del>.</del>
690	IA N 9TH AVE #428		
		Address	
PEN	ISACOLA, FL 32504		
	City	, State & Zip	
850	815 0256		
	Daytime 1	Telephone number	
BIZ	SERVICES.FL@GMAIL.COM		
	E-mail address: (to be use	ed 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 II PRINCIPAL OFFICE Principal street address	Mailing addr	ress, if different is:
6901A N 9TH AVE #428	SAME	
PENSACOLA FL 32504		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  ANY AN	ND ALL LEGAL BUSINESS	,
ARTICLE IV SHARES The number of shares of stock is:		2018 DEC 21
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: P - ARTURO VENANCIO	Name and Title:	
Address 6901A N 9TH AVE #428		-5. <b>S</b>
PENSACOLA FL 32504		
Name and Title:	Name and Title:	
Address		
Name and Title:	Name and Title:	<del></del>
Address	Address:	

Name a	nd Title:	Name and Title:	
Addres	8		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	MIDDLETON & MIDDLETON, P.A.		
Address:	1469 MARKET ST		
	TALLAHASSEE, FL 32312	<del></del>	2018
ARTICLE VII	INCORPORATOR		FILED  B DEC 21 PH 4: C
The name and a	ddress of the Incorporator is:		SSE FI
Name:	KAREN SABRINA ARIZA		
Address:	1469 MARKET ST		
	TALLAHASSEE, FL 32312		٠ تن ا
Effective date, if (If an effective filing.)  Note: If the dat	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and continue in this block does not meet the applice effective date on the Department of State's reconstruction.	annot be more than five days pri- able statutory filing requirements,	-
Having been na this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment of	is registered agent and agree to act	tion at the place designated in in this capacity
· ·	Required Signature/Registered Agent	<del></del>	Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the fall felony as provided for in s.817.155	se information submitted in a , F.S.
			12.21.18
Requ	ired Signature/Incorporator		12.21. (8 Date