

P190000011866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

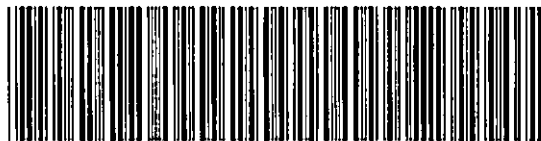
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FEB 12 2019



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19 FEB -5 PM 5:14
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COVER LETTER

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

SUBJECT: BC Italven Service Co

(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: Miguel Antonio Bruno

Name (Printed or typed)

510 SW 4TH Ave

Address

Hallandale Beach FL 33009

City, State & Zip

754.801.0310

Daytime Telephone number

MiguelBrunoM@Gmail.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

The name of the corporation shall be: BC Italven Service Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

510 SW 4th Ave

Hallandale Beach FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Antonio Bruno, President. 51

Name and Title: _____

Address 510 SW 4th Ave

Address: _____

Hallandale Beach FL 33009

Name and Title: Veriushka Castillo Vice-President, 49

Name and Title: _____

Address 510 SW 4th Ave

Address: _____

Hallandale Beach FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Miguel Antonio Bruno

Address: 510 SW 4th Ave

Hallandale Beach FL 33009

ARTICLE VII INCORPORATOR

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

Name: Miguel Antonio Bruno

Address: 510 SW 4th Ave

Hallandale Beach FL 33009

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

Required Signature/Registered Agent

02/31/2019
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

01/31/2019
Date