

P190000068451

Florida Department of State
Division of Corporations
Electronic Filing Center

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000267079 3)))



H190002670793ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

STATE OF FLORIDA
DIVISION OF CORPORATIONS
19 SEP -5 PM 12:02
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Brothers Office Installations Corp

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

2019 SEP -5 PM 11:52

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Brothers Office Installations Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3166 SW 25th terr.
Miami, FL 33133

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Marcos Pena (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Marcos Pena
3166 SW 25th terr.
Miami, FL 33133

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

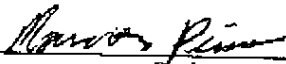
Marcos Pena
3166 SW 25th terr.

Sep. 5. 2019 3:57PM

No. 5826 P. 4

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	9/5/19 _____ 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	9/5/19 _____ Date
--	-------------------------