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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ITAX GROUP, LLC

Account Number : I20140000115

Phone

: (813)882-8426

Fax Number

: (813)884-0263

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

brenoregis (W) Notmail: com Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION BR QUALITY REMODELING INC

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1!

Dec. 19.2019

December 17, 2019

Re: Florida Profit Corporation **B.R.QUALITY REMODELING INC.**, Document Number **P14000051705** 

To: Florida Department of State, Division of Corporation

I hereby attest to release the name **B.R.QUALITY REMODELING INC** to be filed to a new document, the officers are the same to be included in this new filing.

See Articles of Incorporation attached.

Regard,

Breno J Regis Sr.

President

2019 DEC 18 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE.FL

## COVER LETTER

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

SUBJECT:	BR QUALITY REMODELIN	G INC		
	(PROPOSED CORPORA	TE NAME - M	UST INCLE	DE SUFFIX)
Enclosed are an orig	final and one (1) copy of the arti	cles of incom	oration and	a check for:
<b>20</b> \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing For	e	□ \$87.50 Filing Fee, Certified Copy
	Section of the sectio		;	& Certificate of Status PY REQUIRED
			<u> </u>	
			. ;	
			·   :	
FROM:	BRENO J. REGIS SR.	<del></del> ;		
	Name	(Printed or typ	ped)	
	10305 N ASHELY ST		<u>.</u>	
	Ā	ddress		-
	TAMPA FL 33612		, ;	
	City, S	State & Zip		
	404-454-1180		: :	
	Daytime Te	lephone numb	er	<del></del>
	brenoregis@hotmail.co	om	; ; ;	
E-mail address: (to be used for future annual report potification)				
		!	1 .	
NOTE: Please provide the universal				
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 corporati	on shall be: BR QUALITY REM	ODELING IN	NC	
ARTICLE II PRINC			Mailing address, if different is:	
10305 N ASHLEY	ST	-		
TAMPA FL 33612				
ARTICLE III PURPO The purpose for which th	SE e corporation is organized is:			
AN	Y AND ALL LAWFUL BUSINES			
	<del></del>			
ARTICLE IV SHARE The number of shares of si	<u>\$</u> lock is:10 <u>00</u>	_	:	
ARTICLE V INITIAL	OFFICERS AND AUR DIRECTORS			
Name and Title:	BRENO J REGIS Sr., PRES	Name and Tit	l: BRENO REGIS FILHO, VS	
Address	10205 N ACULEV OT	Address:	9	وي
-	TAMPA FL 33612		TAMPA EL 33612	8 
-		_	A S S C T P S T T T T T T T T T T T T T T T T T	C
Name and Title:_		_ Name and Tit	□ (n =	C
Address		_ Address;	B 3	
-		-		
Nume and Title.		-		
		_ Name and Titl	fe:	
Address _		_ Address:	:	
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Name and T	itle:	Name and Title:
Address		Address:
		_
	-	
		;
The name and Floric	GISTERED AGENT la street address (P.O. Bux NOT acceptable	c) of the revisioned agent is:
Name:	BRENO J REGIS Sr	
Address:	10305 N ASHLEY ST	
	TAMPA FL 33612	S
		11910 TA
ARTICIE VII INC	<u>ORPOKATOR</u>	2019 DEC 18 SECRETAR' TALLAHA
The name and addre	ss of the Incorporator is:	AR 18
Name:	BRENO J REGIS Sr	P.
Address:	10305 N ASHLEY ST	E.S.J. F:
	TAMPA FL 33612	Z8 FL
ARTICLE VIII EF Effective date, if other (If an effective date filing.)	r than the date of filing:	nnot be more than five days prior or 90 days after the
Note: If the date inse	rted in this block does not meet the applicalive date on the Department of State's record	ble statutory filing requirements, this date will not be listed as
Having been named a certificate, I am famili	s registered ugent to accept service of proces far with and accept the appointment as regis	s for the above stated corporation at the place designated in this stered ugent and agree to act in this capacity
	Required Signature/Registered Agent	12/17/19
I submit this documed document to the Depart		re true. I am aware that the false information submitted in a ony as provided for in s.8.17.155, F.S.
Required Signature/In	<u>L</u>	Date 12(17)19