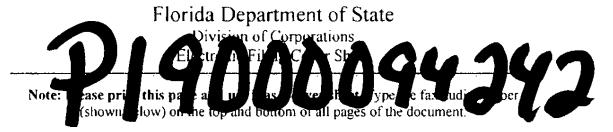
12/17/2019

Division of Corporations



(((H190003633863)))



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 : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number : 120190000086

: (305)275-1300

Fax Number

: (888)653-6564

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

info@ulloacompany.com Email Address:

# FLORIDA PROFIT/NON PROFIT CORPORATION

## Brooms & More, Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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# **ARTICLES OF INCORPORATION**

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

(((H190003633863)))

#### ARTICLE I NAME

The name of the corporation shall be: Brooms & More Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address is: 12825 SW 58th Lane, Miami, FL 33183

Mailing address, if different is:

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana E Mayoral Bernard, President

Address: 12825 SW 58th Lane, Miami, FL 33183

# 2019 DEC 20 PM 12: 20 SECRETARY OF STATE

# ARTICLE VI REGISTERED AGENT

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

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

<u>Ulloa and Company Professional Association</u>

14050 SW 84 Street, Suite 104, Miami, FL 33183

#### ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 01/01/2020

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

12/20/2019

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

12/20/2019

SECRETARY OF STATE