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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

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

Address:			
	Address:	Address:	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **B&O STABLES INC**

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the correction

The name of the corporation is:	
B&O Stables Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	-
186 NE 106th st. Miami Shores, FL 33138	•••
	_
	_
RTICLE III SHARES: The number of shares of stock is: 100	······································
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Bruno Tessore (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	SS:
he name and Florida street address (PO Box not acceptable) of the registered ag	ent is:
Bruno Tessore 186 NE 106th st Miami Shores FL 33138	
	:
<u> </u>	
RTICLE VI INCORPORATOR: The name and address of the Incorpora	tor is: -'
Bruno Tessore 186 NE 106th st Miami Shores FL 33138	(7)

2020 DEC -2 PH 5: 59

Required Signatures:

3052201440

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 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

Date