Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC

Account Number : I20162000041 Phone : (407)443-8973 Fax Number : (407)930-2626

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 **BROKERS & LAND DEVELOPERS INC**

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COVER LETTER

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

SUBJECT: BRO	OKERS & LAND DEVELOPERS INC				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
⊠ \$70.00 Filing Fec	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		L			
FROM:		RPRISES OF AMERICA INC			
Name (Printed or typed)					
 -	13550 VILLAGE PARK DR STE 255				
	نم	Address			
ORLANDO, FL 32837					
	City, State & Zip				
	OFFICE PHONE: 407-443-8973 / FAX NUMBER 407-930-2626				
	Daytime To	elephone number			
	SUNBIZ.SICONT@HOTMAIL.COM				
	E-mail address: (to be used	for future annual report no	otification)		

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 NAM The name of the corpo	ration shall be: BROKERS & LAND DEVELO	PERS INC	
ARTICLE II PRII 9106 SW 159TH TER PALMETTO BAY, FL	Principal <u>street</u> address RACE #18		Mailing address, if different is: / 159TH TERRACE #1B / TO BAY, FL 33157
	the corporation is organized is:		
	ENGAGE IN ANY AND ALL LAWFUL BUSII	NESS ALLOWED	IN THE UNITED STATES OF AMERICA
AND THE STATE OF	FLORIDA		<u> </u>
	MAL OFFICERS AND/OR DIRECTORS He: HUASCAR J LOPEZ C / PRESIDENT	_ Name and Title _ Address:	ARIANE C NUNES S / VICEPRESIDER 9106 SW 159TH TRERRACE #18 PALMETTO BAY, FL 33157
Name and Titl Address	9106 SW 159TH TERRACE #1B PALMETTO BAY, FL 33157	Name and Title Address:	:
Name and Titl	e:		

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	ORLANDO REGISTERED AGENTS LLC	<u></u>
Address:	13550 VILLAGE PARK DR STE 255	•
	ORLANDO, FL 32837	
ARTICLE VII	<u>INCORPORATOR</u>	FILED 2022 JUN 10 PK 12: 06 TALLAHASSEE, FLORIDA
The name and ac	ddress of the Incorporator is:	ARC IN
Name:	DESIREE TORRES	- SSRY TO L
Address:	13550 VILLAGE PARK DR STE 255	T T T
	ORLANDO, FL 32837	IZ: 06
Effective date, if (If an effective difling.) Note: If the date		. (OPTIONAL) not be more than five days prior or 90 days after the ple statutory filing requirements, this date will not be listed as
Having been nam certificate, I am f	familiar with and accept the appointment as regis	s for the above stated corporation at the place designated in thi tered agent and agree to act in this copacity
	Required Signature/Registered Agent	
I submit this door		te true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree fel	ony as provided for in s.817.155, F.S.
	iva //	06/10/2022
Required Signatu	re/Incorporator	Date

(1) 22 ----