Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)328-4774

**Enter the email address for this business entity to be used for full

Ema	i	1	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION BRAL MARINE SERVICES INC.

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

2024-08-29 18:11:57 GMT

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

EH = PRIN	<u>CIPAL OFFICE</u>		
	Principal street address	Mailing address, if d	lifferent is:
16 ST	*** * * * * * * * * * * * * * * * * * *		
L 33166			
<i>LE III PURF</i> Tose for which	the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS	
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1	- , u .,		
iber of shares o	f stock is: 100 SHARES		
LE V INITL	AL OFFICERS AND/OR DIRECTOR	<u>s</u>	
LE V INITL	AL OFFICERS AND/OR DIRECTOR		
LE V INITL	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P	S Name and Title:	
LE V INITE	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P 7762 NW 46 ST	<u>s</u>	
LE V INITE	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P	S Name and Title:	
LE V INITE	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P 7762 NW 46 ST	S Name and Title:	
LE V INITE	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P 7762 NW 46 ST	S Name and Title:	
Name and Titl Address	e: ALVARO CRUZ - P 7762 NW 46 ST MIAMI, FL 33166	Name and Title:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P 7762 NW 46 ST	S Name and Title:	
Name and Title Address Name and Title	e: ALVARO CRUZ - P 7762 NW 46 ST MIAMI, FL 33166	Name and Title:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P 7762 NW 46 ST MIAMI, FL 33166HUMBERTO BRICENO - VP 7762 NW 46 ST	Name and Title:	
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTOR e: ALVARO CRUZ - P 7762 NW 46 ST MIAMI, FL 33166	Name and Title:	
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Name a	nd Title:	Name and Title:		
Address		Address:		
	<u> </u>			
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT accepta	ble) of the registered agent is:		
Name:	ALVARO CRUZ			
Address:	7762 NW 46 ST			
	MIAMI, FL 33166			
ARTICLE VII	_INCORPORATOR			
	ddress of the Incorporator is:			
Name:	ALVARO CRUZ			
Address:	7762 NW 46 ST			
	MIAMI, FL 33166	B14-F0-T14		
Effective date, is	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	(OPTIONAL) cannot be more than five days prior or 90 da	ys after the	
Note: If the dat	e inserted in this block does not meet the appl effective date on the Department of State's re	icable statutory filing requirements, this date wi ords.	ll not be listed as	
		cess for the above stated corporation at the place gistered agent and agree to act in this capacity	designated in this	
AS	114.76%	08/28/20	024	
Alvaru Chia Diag 26, 1024	Required Signature/Registered Ages		Date	
	cument and affirm that the facts stated here Department of State constitutes a third degree	n are true. I am aware that the false informati felony as provided for in s.817.155, F.S.	on submitted in a	
ASK		08/28/2	024	
Required Signat		Date 1		