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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
B P L IMPROVEMENTS CORP

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

07-28-16

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

ARTICLE I NAME B P L IMPROVEMENTS CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 5835 NW 37th STREET
Mailing address, if different is:
VIRGINIA GARDENS, FL. 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHEL CABRERA, PTSD
Address: 5835 NW 37th STREET
VIRGINIA GARDENS, FL. 33166

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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07/27/2016 14:33 3052201440
07/27/2016 13:41 3056423992

LAZARUS

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MICHEL CABRERA
Address: 5835 NW 37th STREET
VIRGINIA GARDENS, FL. 33166

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHEL CABRERA
Address: 5835 SW 37th STREET
VIRGINIA GARDENS, FL. 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/27/16 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Michel Cabrera
Required Signature/Registered Agent

07/27/16
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.

Michel Cabrera
Required Signature/Incorporator

07/27/16
Date

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