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Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

Email Address: GABRIELKNIGHT1@YMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
BKC MIA INC

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

**ARTICLE I NAME**

The name of the corporation shall be: BKC MIA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11320 NW 7th Avenue  
Miami, FL 33168

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 at No Par Value

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

Name and Title: Gabriel Meyer Knight - President/Director  
Address: 9900 W Bay Harbor Drive 6  
Bay Harbor Islands, FL 33154

Name and Title: Sean Joseph Tucker - Vice President/Director  
Address: 19305 NE 18th Court  
North Miami Beach, FL 33179

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Gabriel Meyer Knight  
 Address: 9900 W Bay Harbor Drive 6  
Bay Harbor Islands, FL 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gabriel Meyer Knight  
 Address: 9900 W Bay Harbor Drive 6  
Bay Harbor Islands, FL 33154

DEPARTMENT OF STATE  
 TALLAHASSEE, FL 32309  
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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

 \_\_\_\_\_ July 13, 2022  
 Required Signature/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.*

 \_\_\_\_\_ July 13, 2022  
 Required Signature/Incorporator Date