

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

900003321209--4 -07/12/00--01065--010 \*\*\*\*\*87.50 \*\*\*\*\*\*

SUBJECT: Blue Mia Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:			
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificat Status PY REQUIRE	opy te of		
FROM: Philip Josephson, Fsq. Name (Printed or typed)						
6800 S.W. 40th Street, Suite 168 Address Address						
Miami, Florida 33155 City, State & Zip						
(305)377-3534 Daytime Telephone number						
	-	•				

NOTE: Please provide the original and one copy of the articles.

(1-11-100)

-ARTICLES OF INCORPORATION		
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILE SECRETARY DIVISION OF CO	ID OF STATE
ARTICLE I NAME The name of the corporation shall be:	SECRETART DIVISION OF CO	DRPORATIONS
Blue Mia Inc.	00 JUL 12	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1428 Brickell Avenue, Suite 100  Miami, Florida 33155		w
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		in the second of
Telecommunications Agents		
ARTICLE IV SHARES The number of shares of stock is:	<b>.</b>	in a second of the second of t
One Million Shares of Common Stock		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	- 1	-
PAILLE DESMARAIS  C/O 1428 Brickell Avenue, Suite 100  Miami, Florida 33155		
ARTICLE VI REGISTERED AGENT	-	
The name and Florida street address of the registered agent is:		· .
Philip Josephson, Esq. 6800 S.W. 40th Street, Suite 168 Miami, Florida 33155		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:  Philip Josephson, Esq. 6800 S.W. 40th Street, Suite 168		
Miami, Florida 33155	_	
**************************************	******	*******
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to		
Signature/Registered Agent	- <i>6-27-6</i> Date	<u> </u>
Mulis fasephron	6-27-	ov
Signature/Incorporator	Date	• • • • •