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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA PROFIT CORPORATION OR P.A.

MIAMI BLOOM CONNECTION CORPORATION

Certificate of Status	0
Certified Copy	<u>, 1, </u>
Page Count	(03)
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Miami Bloom Connection Corporation

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

9738 S. W. 94 Terrace Miami, Florida 33176

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Howard Dobson 9738 S. W. 94 Terrace Miami, Florida 33176

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ARTICLE V - INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

Howard Dobson 9738 S. W. 94 Terrace Miami, Florida 33176

The undersigned incorporator has executed these Articles of incorporation this $\frac{\text{fifth}}{\text{day of}} = \frac{\text{July}}{2000} = \frac{000}{2000}$

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SECRETARY OF STATE
AHASSIE, FLORIDI

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Howard Dobson 9738 S. W. 94 Terrace Miami, Florida 33176

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature