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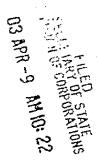
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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TRANSMITTAL LETTER

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

SUBJECT:	NICAISSE (PROPOSED CORPORA	BLEOS (TROUP LY UDE SUFFIX
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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 Copy & Certificate of Status PY REQUIRED
FROM:	Name	CAISSE - HE (Printed or typed)	THORN
	10900 5W	1041 80 Address	#306
	MIAMI, F.	3.31 State & Zip	7.6
		273.720	4

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

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:		
NICAISSE BLEUS GROUP Inc.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
236 N.E. 91 st		
MIAMI SHORES, FL 33/38 The purpose for which the corporation is organized is:		
ALL LEGAL BUSINESS		
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): FAYOLA NICALS SE-HETHORN CEO 10900 SW104 & SE. #306/M/AMI, FL 33176		
VALERIE BLEUS-MAHER VICE-PRESIDENTICOO 236 N.E. 91 street / MAMISHORES, FL 33138		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:		
10400 SW 104th St., # 306		
10400 SW 1044C Stc., 17 500		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is: Ualerie Bleus-Maker		
The name and address of the Incorporator is: Ualerie Bleus-Maher 10900 SW 104 th 80. #306		
MIAHI, FL 33176		

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		
- My My 1/03		
Signature/Registered Agent Date		

Signature/Incorporator

Partnership Agreement

This form is to verify that Valerie Bleus-Maher and Fayola Nicaisse Hethom are equal partners of the **Nicaisse Bleus Group**. Shares and titles are as follows:

Fayola Nicaisse-Hethorn, Chief Executive Officer:

500,000 shares

Valerie Bleus-Maher, Vice President:

500,000 shares

Signature

Date

Signature

Date