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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SELVE ASSEE, FLORIDA



TRANSMITTAL LETTER

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

(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
ginal and one (1) copy of the art	icles of incorporation and	a check for:
Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
DELAND, City	FC. 327:	
	ginal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status AMES Name 209-C 5. 905 AAG City	Filing Fee & Certificate of Status Filing Fee & Certified Copy

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. (Pro	ofit)
ARTICLE I NAME	No. of the state o
The name of the corporation shall be: BLum FAN	ily ENTERPRIENTED FAN 2:30
ARTICLE II PRINCIPAL OFFICE	RIDA
The principal place of business/mailing address is: 209	ANE, FL. 32720
ARTICLE III PURPOSE The purpose for which the corporation is organized is: which it is believed that EALL.	s A for profit entity under the All family entemprises wi
ARTICLE IV SHARES The number of shares of stock is: /OO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s):	STEPHNIC A. BLUM, PRO STEPHNIC A. BLUM, VP 209 C. S. SPRING GARDEN
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is	
	209 C. S. SPRIPG GARD DELAND, FC. 32720
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	A. BLUM
905	CASCADES PARK TRAIL
DELA	1d, FC. 32720
**************************************	e above stated corporation at the place designated in this
Variable Bound	10-2-02
Signature/Registered Agent	Date
V	10-2-03
Signature/Incorporator	20-2-03 Date