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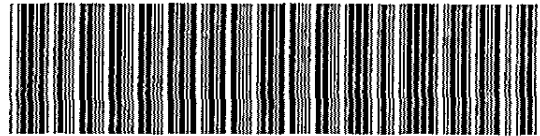
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11-29-04

## TRANSMITTAL LETTER

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

SUBJECT: BLESSED ASSURANCE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Magda ~~Pierre-Louis~~ Piquion  
Name (Printed or typed)

15801 NE 2nd Avenue  
Address

Miami, FL 33162  
City, State & Zip

(786) 290-8449  
Daytime Telephone number

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

## 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:

BLESSED ASSURANCE, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

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

15801 NE 2nd Avenue

Miami, Fl 33162

### ARTICLE III - SHARES

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

FIVE HUNDRED (500) shares @ US\$1.00 per share

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elsie St.Fleur, 9030 SW 164th Street, Miami  
Fl 33157

## ARTICLE V - INCORPORATOR(S)

See instructions for officers/directors

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

Piquion  
Magda ~~Pierre Louis~~, 15801 NE 2nd Avenue, Miami, Fl 33162

Elsie St. Fleur, 9030 SW 164th Street, Miami, Fl 33157

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

15<sup>th</sup> day of November, 2004  
(An additional article must be added if an effective date is requested)

Magda Piquion  
Signature M.P-L

Elsie St. Fleur  
Signature E.StF

\_\_\_\_\_  
Signature

Notarization is not required

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is BLESSED ASSURANCE, INC.

2. The name and address of the registered agent and office is:

Elsie ST. Fleur  
(Name)

9030 SW 164th Street, Miami, FL 33157  
(Street Address - *P.O. Box or Mail Drop Box NOT Acceptable*)

Miami, FL 33157  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the stated corporation at the 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 relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature) E.St.F.

11/09/04  
(Date)