

PO4000167282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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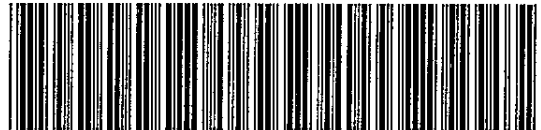
(Business Entity Name)

(Document Number)

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04 DEC 13 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL 32301

✓

12/14/04
A

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

RE: BUSINESS CARDS FOR LESS, INC

Enclosed is a check for \$ 78.75 together with two copies of the articles of incorporation
of **BUSINESS CARDS FOR LESS, INC**

Please return a certified copy to the registered agent of the corporation:

MARTIN ALEJANDRO BAGLIONI
7328 S W 48 STREET
MIAMI, FLORIDA 33155

Thank you for your attention to this request.

Sincerely,

ARTICLES OF INCORPORATION

OF

BUSINESS CARDS FOR LESS, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BUSINESS CARDS FOR LESS, INC

ARTICLE II PRINCIPAL OFFICE

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

P O BOX 480074
FT LAUDERDALE, FLORIDA 33348

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TALLAHASSEE, FLORIDA

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

MARTIN ALEJANDRO BAGLIONI
7238 S W 48 STREET
MIAMI, FLORIDA 33155

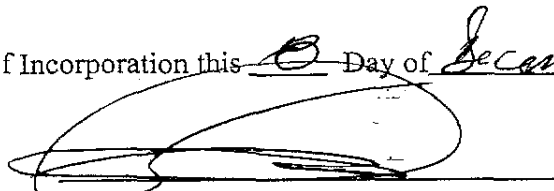
13

ARTICLE V INCORPORATORS


The name and street address of the incorporators to these Articles of Incorporation are:

MARTIN ALEJANDRO BAGLIONI
7328 S W 48 STREET
MIAMI, FLORIDA 33155

The undersigned have executed these Articles of Incorporation this 0 Day of December, 200
2004


Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT


Signature

12/8/09
Date