

005000057490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

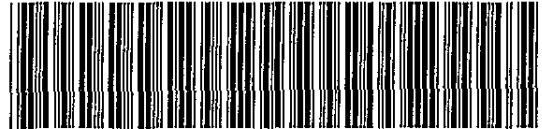
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SECRET  
TALLAHASSEE, FLORIDA

4/19/05  
CA

## TRANSMITTAL LETTER

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

SUBJECT: B.L.L. BROTHERS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: PEDRO L. GIL  
Name (Printed or typed)

8541 PECONIC DR  
Address

ORLANDO, FL 32835  
City, State & Zip

407 - 253-9263  
Daytime Telephone number

**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:

**B.L.L. BROTHERS INC**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8541 PECONIC DR. ORLANDO, FL 32835

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL

## ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) COMMON

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PEDRO L. GIL 8541 PECONIC DR. ORLANDO, FL 32835

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

PEDRO L. GIL 8541 PECONIC DR. ORLANDO, FL 32835

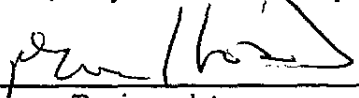
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PEDRO L. GIL 8541 PECONIC DR. ORLANDO, FL 32835

\*\*\*\*\*

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.

  
\_\_\_\_\_  
Signature/Registered Agent

4/11/2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/11/2005

\_\_\_\_\_  
Date

FILED  
05 APR 13 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA