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(Requestor's Name)
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(Address)
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(C): (O.). (I): (D): (I)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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50.50

State of Florida Dept of Corporations P.O. Box 6327 Tallahassee, FL 32314

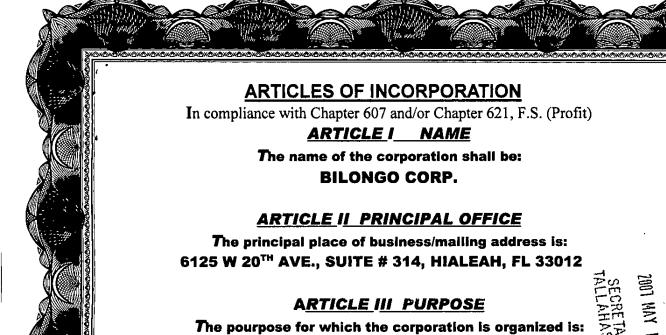
Sirs:

Find attached an application for Registration of Corporation of: **BILONGO CORP.** Find enclosed payment of:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Certified Copy	\$ 8.75
TOTAL	\$ 78.75

Please remit the Certified Copy to the address of record.

Thank You



ARTICLE IV SHARES

DIVERSIFIED SERVICES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

GUILLERMO RODRIGUEZ (PRESIDENT)

6125 W 20TH AVE., SUITE # 314, HIALEAH, FL 33012

ARTICLE VI TERM OF EXISTENCE
This corporation will exist perpetually

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: SUILLERMO RODRIGUEZ; 6125 W 20TH AVE., SUITE # 314, HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

GUILLERMO RODRIGUEZ ; 6125 W 20TH AVE., SUITE # 314, HIALEAH, FL 33012

aving been named as registered agent to accept service of process for the above stated erporation 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

gnature/Registered Agent Date

Signature/Incorporator

Date 7

T F: