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SECRETARY OF STATE
AND AMASSEE, FLORIDA

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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1.		
B-V MARKETING, CC (Corporation Name) (Document #) (Corporation Name) (Document #)		
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Limited Liability Change of Registered Agent	Change of Registered Agent	
	Dissolution/Withdrawal	
Other Merger		
OTHER FILINGS REGISTRATION/QUALIFICATION	REGISTRATION/QUALIFICATION	
☐ Annual Report ☐ Foreign		
Fictitious Name Limited Partnership		
Reinstatement		
Trademark		
Other		
	 	
CR2E031(7/97) Examiner's Initia	_	

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF HASSEE, FLORIDA
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:

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

15061 SW 170 tr

miami, 71. 33187

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Miani, Fl. 33187

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Yamile OJEDA			
15061 SW 170 TR.			
Miami FL 33187			
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES			
OF INCORPORATION THIS 12 DAY OF NOVEM Bex, 200 B			
SIGNATURE			
ARTICLE VI - DIRECTOR(S)			
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):			
Yamile Ofeda (President)			
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED			
OFFICE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.			
REGISTERED AGENT SIGNATURE			