## P11000036969

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

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## **COVER LETTER**

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

SUBJECT: Bloomstead One Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	OPY REQUIRED
FROM: Raymond C Bloom Jr	(Printed or typed)	
4406 SE Nimrod Lan	e	
A	Address	
Stuart, FL 34997 City,	State & Zip	<del></del>
772-287-8584  Daytime To	elephone number	
abbsi2001@gmail.co	n I for future annual report	notification)

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)

The name of the corp	VAME POTATION Shall be: Bloomsto	ead O	ne In	С
44	Principal <u>street</u> address 06 SE Nimrod Lane Jart, FL 34997	Mailin	g address, if differen	nt is:
	URPOSE ch the corporation is organized is: WN and mana	age rei	ntal	
Drope ARTICLE IV S The number of shares	erty SHARES S of Stock is:1000			
	NITIAL OFFICERS AND/OR DIRECTORS Raymond C Bloom Jr, President 4406 SE Nimrod Lane Stuart, FL 34997	Name and Title: Address:		
Name and Title Address:	Kimberly A Pubenc, Vice President 4406 SE Nimrod Lane Stuart, FL 34997	Name and Title:Address:		
Name and Title Address:	):			
ADTICLE UL D	POTOTER ACRET	<del></del>		<b>3</b> 0 -
	<b>EGISTERED AGENT</b> la street address (P.O. Box NOT acceptable) of t	he registered agent is:	į	
Name: Address:	Kimberly A Pubenc 4406 SE Nimrod Lane Stuart, FL 34997		9 7 6 7	PR IT
ARTICLE VII II	VCORPORATOR		· · · · · · · · · · · · · · · · · · ·	
The <u>name and addre</u>	ss of the Incorporator is:		<u>ر</u> د	54 🖶 🔄
Name: Address:	Raymond C Bloom Jr 4406 SE Nimrod Lane Stuart, FL 34997		Š	SA S
Having been named this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as regis	for the above stated cor tered agent and agree to	poration at the pla act in this capacity	ice designated in
Dembe	ou Wellenc		04/09//2	011
//	Required Signature/Registered Agent			Date
I submit this docume document to the Depar	ent and affirm that the facts stated herein are to artment of State constitutes a third degree felony	rue. I am aware that th as provided for in s.817.	ne false information 155, F.S.	n submitted in a
Exm	11. Mm		04/00/5	) 011
- F	Required Signature/Incorporator		04/09/2	Date