P11000062254

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

COVER LETTER

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

	terprises corp
(PROPOSED CORPORATED C	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: MARLON B. MEJIA Name 1888 SOUTH MIAMI AVE	(Printed or typed)
MIAMI FL 33129	ddress
City, S	State & Zip
305-300-1681 Daytime Te	lephone number
E-mail address: (to be used	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 co	NAME BLANC ENTERPRIS)LO 00/11 .	11 JUL -7 PH 1: 17
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF STATE
	Principal street address	Mailin	g add ALIAHASCEES:FLORIDA
1	888 SOUTH MIAMI AVE		S TO THE STREET SECTION
M	IIAMI FL 33129		
_			<u> </u>
RTICLE III	PURPOSE		
	hich the corporation is organized is:		
ANY AND AL	L LAWFÜL BUSINESS		
	SHARES		
he number of shar	es of stock is:100		
	INITIAL OFFICERS AND/OR DIRECT		
Name and Ti	tle:MARLON B. MEJIA	Name and Title:	
Address:	1888 SOUTH MIAMI AVE	Address:	
	MIAMI FL 33129		
			. <u> </u>
	tle:	Name and Title:	
Address:			
Name and Tit	tle:	Name and Title	
Address:		Address:	
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	MARLON B. MEJIA		
Address:	1888 SOUTH MIAMI AVE		
	MIAMI FL 33129		
RTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	MARLON B. MEJIA		
Address:	1888 SOUTH MIAMI AVE		
	MIAMI FL 33129		
aving been name is certificate, I an	d as registered agent to accept service of pro a familiar with and accept the appointment as	ocess for the above stated co s registered agent and agree i	orporation at the place designated i to act in this capacity
			06/22/11
	Paguinad Clamatona / Daviet and A		MICCIII
	Required Signature/Registered Agent		/ Date
submit this docur	nent and affirm that the facts stated herein	are true. I am aware that i	he false information submitted in
cument to the De	partment of State constitutes a third degree for	etony as provided for in s.817	7.155, F.S.
			, 1

Required Signature/Incorporator