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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECHELLAND OF STATE

J. SIMPORS SEP 20 2012

## **COVER LETTER**

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

SUBJECT: Blas Ventures, Inc.						
(PROPOSED CORPO	RATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an original and one (1) copy of the a	articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED					
	ADDITIONAL COFF REQUIRED					
	es M. Blas					
Na	me (Printed or typed)					
321 Jasmine Rd.						
	Address . ASS SE					
St. Augu	Address					
Ci						
904	4 794 9470 କ୍ଷିଥି ଓ					
Daytime	Telephone number					
F-mail address: (to be u	55@aol.com sed 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)

ARTICLE I N The name of the corpo	Blas Ventures, Inc.			
32	RINCIPAL OFFICE Principal street address Jasmine Rd. Augustine, FL 32086	Mailing address, if different is:		
The purpose of	IRPOSE the corporation is organized is: the corporation is to conduct any leads	awful purpose or purpose	es.	
ARTICLE IV S. The number of shares				
	NITIAL OFFICERS AND/OR DIRECTOR	25		
	Ines M. Blas - President, Secretary, Treasure			
Address:	321 Jasmine Rd. St. Augustine, FL 32086	Address:		_
Name and Title Address:		Address:		_
Name and Title Address:	:	Name and Title: Address:		
	<u>EGISTERED AGENT</u> la street address (P.O. Box NOT acceptable) o	f the revistored egent is:	AS:	12
Name: Address:	Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	<del>-</del>	CHE JAKE LAHASSE	SEP 20
ARTICLE VII II	VCORPORATOR		<u>"</u> 9	
The name and addre	ss of the Incorporator is:		253	9
Name: Address:	Ines M. Blas 321-Jasmine Rd. St. Augustine, FL 32086	_ <del></del> 	RIDA	: 57
Having been named this certificate, I am f	as registered agent to accept service of proces amiliar with and accept the appointment as reg	s for the above stated corporationsistered agent and agree to act in	n at the place designate this capacity	ed in
Manu	Minkrith Johes Misistan	F Ø b	glustia	
I submit this docume	Required Signature/Registered Agent ent and affirm that the facts/stated herein are	o true I am aware that the false	Date information submitted	in a
	art and affirm that the facts stated herein are artment of State constitutes a third degree felon			*** 14
Ines	M-Blas  Required Signature/Incorporator		9/15/12 Date	_
	vedanied Signannie/Incorbotatot		Date	