

P130000
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BOIES, SCHILLER & FLEXNER, LLP.
Account Number : 119990000190
Phone : (305) 539-8400
Fax Number : (305) 539-1307

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BLLW, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 12 PM 4:59

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Corporate Filing Menu

Help

913-13

COVER LETTER

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

SUBJECT: BLLW, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Bruce Weil
Name (Printed or typed)
100 SE 2 Street, Suite 2800
Address
Miami, FL 33131
City, State & Zip
305-536-1819
Daytime Telephone number
BWell@bsfllp.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: BLLW, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
100 S.E. 2 Street
Suite 2800
Miami, FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The corporation is organized for the purpose of transacting any and all lawful business under the laws of the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 1,000 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Bruce A. Weil, PST</u>	Name and Title:	_____
Address	<u>100 S.E. 2 Street</u> <u>Suite 2800</u> <u>Miami, FL 33131</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Bruce Weil

Address: 100 S.E. 2 Street, Suite 2800
Miami, FL 33131

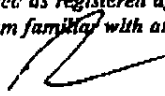
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce Weil

Address: 100 S.E. 2nd Street, Suite 2800
Miami, FL 33131

Having been named as registered agent to accept service of process for the above stated corporation 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

	<u>9/12/2013</u>
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	<u>9/12/2013</u>
Required Signature/Incorporator	Date