

PI4000001291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000255007450

01/08/14--01001--003 \*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
14 JAN - 7 PM 1:59

RECEIVED  
DEPARTMENT OF STATE  
14 JAN - 7 AM 8:30  
TALLAHASSEE, FLORIDA

MD 1/8



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

14 JAN -7 AM 8:30  
OFFICE OF THE CLERK  
STATE OF FLORIDA  
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. B & B Entertainment Group, Inc.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille
<input type="checkbox"/>	Other:

Examiners Initials

**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: B & B ENTERTAINMENT GROUP, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6870 W 2nd CT  
HIALEAH, FL 33014

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV    SHARES**

The number of shares of stock is:

100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAFAEL BAHAMONDE (P/D) 50%

Name and Title: \_\_\_\_\_

Address 6870 W 2nd CT  
HIALEAH, FL 33014

Address: \_\_\_\_\_

Name and Title: JOSE MIGUEL OLIVA (V/D) 50%

Name and Title: \_\_\_\_\_

Address 6870 W 2nd ct  
HIALEAH, FL 33014

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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:

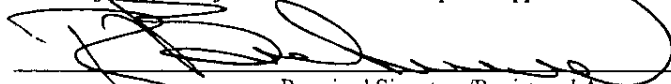
Name: RAFAEL BAHAMONDE  
Address: 6870 W 2nd CT  
HIALEAH, FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAFAEL BAHAMONDE & JOSE MIGUEL OLIVA  
Address: 6870 W 2nd CT  
HIALEAH, FL 33014

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

JAN. 06, 2014

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

JAN. 06, 2014

\_\_\_\_\_  
Date

14 JAN -7 AM 8:30  
STATE  
OF FLORIDA  
DEPARTMENT OF STATE