P14000061893

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it to cover the Type the fax edit number (shown below) on the top and bottom of all pages of the document.

(((H14000174069 3)))

H14000174069 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (786)409-5946

FILED
14 JUL 22 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BEACOM BLVD INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

77952

FILED
14 JUL 22 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MD 7/23

H14000174069

(2)

COVER LETTER

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

SUBJECT: BEACON BLVD 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: ALBERT R. COHEN
Name (Printed or typed)

11420 N. KENDALL DR #203
Address

MIAMI, FL 33176
City, State & Zip

305-271-3664 EXT. 205
Daytime Telephone number

Eidne de jesus 7@hail.com
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)

14 JUL 22 PM 12:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: BEACOM BLVD. INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

9295 S.W. 35 STREET
MIAMI, FL 33165

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodolfo Lheonart, PRES
Address 9295 S.W. 35 STREET
MIAMI, FL 33165

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

FILED
14 JUL 22 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: ALBERT R. COHEN

Address: 11420 N. KENDALL DR. #203

MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALBERT R. COHEN

Address: 11420 N. KENDALL DR. #203

MIAMI, FL 33176

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

Albert R. Cohen — 7/21/14

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.

Albert R. Cohen — 7/21/14

Required Signature/Incorporator — Date