P150000 41002

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/l	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certif	icates of Status			
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
SECRETARY OF

5-7-15 B-

COVER LETTER

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

SUBJECT: BC	DE POOLS OF H	iami inc.	
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original	inal and one (1) copy of the arti	icles of incorporation and	f a check for:
\$70.00 Filing Fee	- •	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	LASSER ALVARE Name	(Printed or typed)	,
12	1242 Sw 2145	Address	······································
Normanne	MIAMI FL 3	State & Zip	
	786-258- Daytime T	elephone number	
	VASSERMI AMI (E-mail address: (to be used	D YAHOO . COM I for future annual report i	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 corpora	tion shall be: BUE POOLS O	FLIAMI IR	<u> 10 </u>
ARTICLE II PRINC 13343 SW, 8	Principal street address	Mailin	g address, if different is:
MiAMI FL, 3	33/77		, , , , , , , , , , , , , , , , , , ,
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	SERVICES	<u> </u>
			7 5
ARTICLE IV SHARE The number of shares of		····	TAN -1 PA
	LOFFICERS ANDVOR DIRECTORS LYASSER ALVAZEZ P	Name and Title:	For w
Address	12242 3W, 2145t LIAMI FC, 33177	. Address:	>
Name and Title:		Name and Title:	
Address			
N 1			
Name and Title: Address			

Name ar	nd Title:	Name and Title:
Address	·	Address:
	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	YASSER A(Valez	<u></u>
Address:	12242 500,214 5+	
	MIAMI FL, 33177	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	YASSER ALVAREZ	_
Address:	122425w, 2145t	
	MIAMI FL, 33177.	
Effective date, if of	EFFECTIVE DATE: other than the date of filing: O4/14/15 ate is listed, the date must be specific and canning.)	(OPTIONAL) not be more than five business days prior or 90 business
	inserted in this block does not meet the applicabl fective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been nam this certificate, I a	ned as registered agent to accept service of proce om familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Je	04/24/15
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a many as provided for in s.817.155, F.S.
		ad/rule
Requir	red Signature/Incorporator	