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COVER LETTER

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

SUBJECT:	JBJECT: Bubles Supplies (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d 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 CO	PY REQUIRED			
FROM:	Ana Elizabeth Name	•• /				
 -	4723 NW 193	5 ST	_			
	Miami Gardens		3055			
	305 952 09 Daytime Te	•				
	Daytime To	_	com			
	F-mail address: (to be used	for future annual report n	otification)			

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 II PRINC			,			
	Principal street address			ress, if different is		
4723 NW 1			4723 1	vw 195 . Gardens	37	
Miami Gord	dens fl 33055		Viani	Gardens	FL	3305
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	PROFIT	-			
						-
ARTICLE IV SHARI The number of shares of	<u>ES</u> stock is:				15 SEP -9 F	SEGRETARY OF ALLAHASSEE.
	LOFFICERS ANDIOR DIRECTORS : Ang E Delgado	Name and Tit	le:		PM 2: 55	F STATE FLORIDA
Address _£	4723 NW 195 ST	Address:			- <u>-</u>	_
	Miami Gardens FL 33055					
Name and Title:		Name and Tit	le:		, ma - ma	
Address		Address:				_
						
Name and Title:		Name and Tit	le:			
Address		Address:				·
						_

	Name and Title:
Address	Address:
	•
ADTICLE VI DECICTEDED ACENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT account of the control of the con	eptable) of the registered agent is:
Name: Ana E Delgado	
Address: 4723 NW 195 S	
Miami Gordans F.	
	
<u>ARTICLE VII INCORPORATOR</u>	
The name and address of the Incorporator is:	
Name: Ana E. Delgad	<u> </u>
Address: 4723 NW 195 ST	-
Name: Ana E. Delgado. Address: 4723 NW 195 ST Mami Gardons Fo	7 33058
,	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	7 2015 (OPTIONAL)
(If an effective date is listed, the date must be specific a	nd cannot be more than five business days prior or 90 busines
days after the filing.)	
Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed records.
h	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointm	of process for the above stated corporation at the place designate tent as registered agent and agree to act in this capacity
(WH)	
Required agnature/Registered A	Agent 08072015 Date
I submit this document and affirm that the facts stated h	erein are true. I am aware that the false information submitted
	gree felony as provided for in s.817.155. F.S.
document to the Department of State constitutes a third deg	5 J J
	08072015 Date

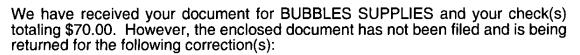


FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2015

ANA ELIZABETH DELGADO 4723 NW 195 ST MIAMI GARDENS, FL 33055

SUBJECT: BUBBLES SUPPLIES Ref. Number: W15000055055



The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 815A00017291

Division of Comparations D.O. DOV 6227 Tellahassas Florida 22214