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COVER LETTER

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

SUBJECT: Bloomfield Commerce & Company International, inc.

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED

FROM:	Gladston A. Bloomfield I
•	Name (Printed or typed)
_	14701 SE 51st Terrace
_	Address
_	Summerfield, FL 34491 City, State & Zip
_	City, State & Zip
_	(352) 653-8571
	Daytime Telephone number
_	BCCI2010@AOLicom
	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)

ARTICLE I NAM The name of the corpo	ration shall be: Bloomfield Con	merce & Company International,
ARTICLE II PRII		Mailing address, if different is:
3101 SW 34 Ocala, FL 3	th Ave , Suite 905-267,	
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is:	al daycares and rental properties,
as well as in	rea estate - commercia aports.	al aaycares ava revial properties,
ADDICUE NA CANA		
	of stock is: 1,000	
	<u>ial officers and/or directors</u> _{ile:} Gladston A.Bloomfield II	Name and Title: Gladston Bloomfield III
Address	President & Chairman	
	14701 SE 51st Terrace Suggerfield, FL 34491	14701SE51st Terrace
	_	Surverfield, FL 34491
Name and Tit	le: Navette Wicks	Name and Title: Robin Amaud
Address	Treasuren/Director	
	3748NE 8HPL, apt 132,	649 SE 33rd Avery Ocala, FL 34471
	Ocala, FL 34470	,
Name and Tit	· · · · · · · · · · · · · · · · · ·	Name and Title: Melissa H. KOON
Address	Vice Chairman Director	
	34 Hickory Track Way	
	Ocala, FL 34472	Williston, FL 32696

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Gladstan A. Blowfield I Address: 44701 SE 515t Temace Summerfield, FL 34491 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Gladstan A. Blowfield II Address: 14701 SE 515t Temace Summerfield, FL 34491 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d the document's effective date on the Department of State's records Having been named as registered agent to accept service of process for the above stated corporation at this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the Required Signapare/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false infi	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Gladston A, Bloomfield II Address: /470/SE 5/st Temace Summerfield FL 34491 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Gladston A, Bloomfield II Address: /470/SE 5/st Temace Summerfield FL 34491 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation a this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the Required Signapate/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Gladston A, Bloomfield II Address: /470/SE 5/st Temace Summerfield FL 34491 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Gladston A, Bloomfield II Address: /470/SE 5/st Temace Summerfield FL 34491 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation a this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the Required Signapate/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	
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ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Gladston ABloon field II Address: /4701SE 5/st Temace SUMMENFIELD, FL 34491 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation a this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the Required Significance/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Gladstan Blood field II	
The name and address of the Incorporator is: Name: Gladstor A. Bloom field. II Address: 14701SE 5/st Temace Summerfield, FL 3449/ ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this detended the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at this certificate, I am famillar with and accept the appointment as registered agent and agree to act in the Required Signapate/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false info	
Name: Stads for A. Bloom field. II Address: 1470 ISE 5/st Terrace Summer field, FL 3449/ ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the Required Signabate/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	
Address: Address: 4701SF 5/st Ierrace	
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this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the Required Signapare/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	late will not be listed as
Required Signapate/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	is capacity
I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	3/29/2016
I submit this document and affirm that the facts stated herein are true. I am aware that the false inf	Date
and the contract of the contra	formation submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	3/25/2016
Required Signature/Incorporator	Date

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

TICLE I NAME of the corp	aE Bloomfield Continue Bloomfield Co	OMMerce	& Company International
TICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:
101 SW 34	14th Ave., Suite 905-267,		
Icala, FL.			
RTICLE III PUR e purpose for whic	PPOSE th the corporation is organized is:		
westhen	t real estate - commerc	ial days	ares and rental properties
is well as ii	uponts.	· · · · · · · · · · · · · · · · · · ·	
	•		
· · · · · · · · · · · · · · · · · · ·			
TICLE V INT	of stock is: 1,000	π	ide: <i>Gladston Bloomfield</i> I
Name and Ti	President & Chairman		Vice President
Addiess	14701 SE 51st Temace		1470 SE5 st Terrace
	Summerfield; FL3449	<u>J</u>	Surverfield, FL 34491
Name and Tit	le: Navette Wicks	Name and Ti	ille: Robin Arwand
Address	Treasuren/Director		Secretary/Pirector
	3748NE 8/11PL; apt 13	<u>Z</u> ,	649 SE 33rd Ave,
	Ocala, FL34470	_	Ocala, FL 34471
Name and Tit	1e: Jennifer Sewell	Name and Ti	itle: Melissa H. KOON
Address	Vice Chairman / Director		Director
	34 Hickory Track Wa	EX.	15151NE 49th Lave
	Ocala, FL 34472		Williston, FL 32696

Name and Title:	Name and Title:
Address	Address:
ADTICLE VI DECIGTEDED ACEN	
ARTICLE VI REGISTERED AGEN The name and Florida street address (F	Box NOT acceptable) of the registered agent is:
	Bloom field II
Address: 14701 SE 513	1emace
Summerfield	FL 34491
ARTICLE VII INCORPORATOR	
The name and address of the Incorporate	
Name: Ghadston	A.Bloomfield II
Address: <u>/4701SE</u>	11st Temace
Simmerfo	1d,FL 34491
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of fi	g:(OPTIONAL)
(If an effective date is listed, the date n days after the filing.)	st be specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block do the document's effective date on the Dep	s not meet the applicable statutory filing requirements, this date will not be listed ament of State's records.
	accept service of process for the above stated corporation at the place designated pt the appointment as registered agent and agree to act in this capacity
	PM 3/aclass
Paginal	J/15/2016
	re/Registered Agent Date
I submit this document and affirm that	e facts stated herein are true. I am aware that the false information submitted it tutes a third degree felony as provided for in s.817.155, F.S.
weamen to the Department of State Con	
All to 1	3/25/2016
Required Signature/Incorpora	Date