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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SANFORD BLUM COMPANY**

Certificate of Status	0
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DIVISION OF CORPORATIONS
INFORMATION SERVICES

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COVER LETTER

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

SUBJECT: SANFORD BLUM COMPANY
(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: SANFORD BLUM
Name (Printed or typed)
21050 POINT PLACE #2903
Address
AVENTURA, FL 33180
City, State & Zip
305-342-2768
Daytime Telephone number
theblummer@aol.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)

ARTICLE I NAME
The name of the corporation shall be: SANFORD BLUM COMPANY

ARTICLE II PRINCIPAL OFFICE
Principal street address: 21050 POINT PLACE #2903
AVENTURA, FL 33180
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SANFORD BLUM/PRESIDENT</u>	Name and Title:	_____
Address	<u>19050 POINT PLACE #2903</u>	Address:	_____
	<u>AVENTURA, FL 33180</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: SANFORD BLUM
 Address: 21050 POINT PLACE #2903
AVENTURA, FL 33180

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SANFORD BLUM
 Address: 21050 POINT PLACE #2903
AVENTURA, FL 33180

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/10/17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
 Required Signature/Registered Agent

03/10/17
 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.

[Signature]
 Required Signature/Incorporator

03/10/17
 Date

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