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(Req	uestor's Name)			
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SELBELSHIT IN STATE

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COVER LETTER

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

SUBJECT: Blue Diamond (PROPOSED CORPOR	Construction Chatename-must inclu	Orroup, Corpor JDE SUFFIX)	ration
Enclosed are an original and one (1) copy of the a \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	

FROM:	Minelly Pena Name (Printed or typed)
	610 3 Dillard Street
	Ovinter Grarden, FL 34787 City, State & Zip
	407 - 378 - 6567 Daytime Telephone number
	Minelly Pena a Capital tree accounting. 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 corporat	tion shall be: Blue Viamo	and Con	struction Group Corporation
ARTICLE II PRINC	<u>Principal street</u> address		Mailing address, if different is:
610 9 01	llard street	610	s villard Street
winter G	oarden, FL 34787	<u>wi</u>	nter Grarden FL 34787
ARTICLE III PURPO The purpose for which the	DSE ne corporation is organized is: Any C	and all	Lawful business
			17 HAR SEERE I
			HASS
			SIAIE ORDE
	stock is: 100 @ \$1.00 Y		≯ —
Name and Title	: Juan P Read Garcia P	Name and Title	Ivette 4 Santos Hignel De Rea
Address	Calle Palmareca 5	Address:	Calle Palmareca 5
	Punta cana village		Punta Cana Village
	La Altagracia D.R.	-	La Altagracia DR.
Name and Title		Name and Title	e:
Address		_ Address:	1300
		-	
		-	
Name and Title	:	Name and Title	e:
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	of the registered agent is:			
Name: Minelly Pena	—			
Address: 610 5 villard stree	t Suite A			
nointel Grarden St	34787 ESE 3			
ARTICLE VII INCORPORATOR	MAR 23 F TREINRY C AHASSEE			
The <u>name and address</u> of the Incorporator is:				
Name: Minelly Pena	FELORIDE A			
Address: 610 3 Dillard St.	CC1 Surio			
winter Grarden, F	<u>1</u> 34787			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 03 13 17 (If an effective date is listed, the date must be specific and cann filing.)	(OPTIONAL) ot be more than five days prior or 90 days after the			
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.				
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re				
Required Signature/Registered Agent	03/13/17- 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.				
Required Signature/Incorporator	03 13 17 Date			