# P170000 91662

(Requestor's Name)				
(Address)				
(Address)				
(100.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certificates of Status				
Special Instructions to Filing Officer:				
<del></del>				

Office Use Only

N. SAMS NOV 1 6 2017



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THE WILL SEE THAT

17 NOV 16 PM 3: 4:





October 13, 2017

**SONIA BOTERO** 1395 BRICKELL AVE STE 1380 MIAMI, FL 33131

SUBJECT: BMB CORPORATION Ref. Number: W17000081644

We have received your document for BMB CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

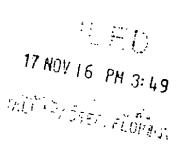
The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 417A00020718



October 3rd, 2017

# Florida Department of State

Attention: New Fillings Section

To whom it may concern:

This is to advise you that the owners of BMB CORPORATION, of Doc # P14000009536 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely

\_\_\_\_\_

# **COVER LETTER**

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

SUBJECT: BMB C	ORPORATION		
SOBSECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: SO	NIA BOTERO Nam	e (Printed or typed)	<del></del>
139:	5 BRICKELL AVE STE 1380		
		Address	
MIA	AMI FL 33131		
	City	State & Zip	<del></del>
(305	3)359-3700		
	Daytime 1	elephone number	
MA	STER@JPGBUSINESS.COM		
<del></del>	E-mail address: (to be use	d 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)

RTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing a	address, if different is:
92 SW 3RD ST APT 5106 MIAMI FL 33130		92 SW 3RD ST APT 5106 MIAMI FL 33130	
			17 A
RTICLE IV SHA	of stock is:		NOV 16 PH 3:
	IAL OFFICERS AND/OR DIRECTORS P/ BENITO MONTIEL	Name and Title:	3:49
Address	92 SW 3RD ST APT 5106	Address:	
	MIAMI FL 33130		
Name and Tit	e:	Name and Title:	
Address			
Name and Titl	e:	Name and Title:	

Name and Title:		Name and Title:	
Addre	ess	Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	JP GLOBAL BUSINESS SOLUTIONS INC		
Address:	1395 BRICKELL AVE STE 1380		
	MIAMI FL 33131	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	BENITO MONTIEL		
Address:	92 SW 3RD ST APT 5106	_	
	MIAMI FL 33130	_	
Effective date,	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and cann		
Note: If the dathe document's	ate inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as	
Having been n this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity	
	MATAN		
	Required Signature/Registered Agent	Date	
I submit this didocument to th	ocument and affirm that the facts stated herein ar e Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.	
	CIN	10 3 1) Date	
Req	uired Signature/Incorporator	Date	