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J. FASON APR 2 6 2018

## **COVER LETTER**

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

	BX, Inc.				
SUBJECT:	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe		S78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	DPY REQUIRED		
FROM:	Rashida Joemmankhan  Name (Printed or typed)				
	1521 SW 5th Street				
•	Address				
	Fort Lauderdale, FL 33312				
-	City, State & Zip				
	(954) 607-4550				
-	Daytime Telephone number				
!	ric@mpbx.com				
-	E-mail address: (to be used	for future annual report t	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)

• - - -

LE II PRINC	<u> TPAL OFFICE</u>		
	Principal street address	į	Mailing address, if different is:
W 5th Street			
auderdale, FL 33			
CLE III PURPO rpose for which to d all lawful busin	he corporation is organized is:		of this corporation is to transact
CLE IV SHAR	ES 100		
	stock is:		
umber of shares of	stock is:  AL OFFICERS ANDIOR DIRECTORS  Rashida Joennmankhan, President		Riccardo Caselli, Secretary/Freasurer
umber of shares of	Stock is:  AL OFFICERS ANDIOR DIRECTORS  Rashida Joennmankhan, President e:  1521 SW 5th Street		Riccardo Caselli, Secretary/Freasurer
umber of shares of  CLE V INITIA  Name and Title	Stock is:  AL OFFICERS ANDIOR DIRECTORS  Rashida Joennmankhan, President e:  1521 SW 5th Street	Name and Title:	<u></u>
umber of shares of  CLE V INITIA  Name and Title	stock is:  ML OFFICERS ANDIOR DIRECTORS  Rashida Joemmankhan, President e:  1521 SW 5th Street	Name and Title: Address: 	1521 SW 5th Street
umber of shares of  CLE V INITIA  Name and Title  Address	AL OFFICERS ANDIOR DIRECTORS  Rashida Joennmankhan, President e:  1521 SW 5th Street  Fort Lauderdale, FL 33312	Name and Title: Address:	Fort Lauderdale, FL 33312
umber of shares of  CLE V INITIA  Name and Title  Address	Rashida Joemmankhan, President  1521 SW 5th Street  Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Name and Title:	Fort Lauderdale, FL 33312
Name and Title Name and Title	AL OFFICERS ANDIOR DIRECTORS Rashida Joennmankhan, President e: 1521 SW 5th Street Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Name and Title:	Fort Lauderdale, FL 33312
Name and Title Name and Title	AL OFFICERS ANDIOR DIRECTORS Rashida Joennmankhan, President e: 1521 SW 5th Street Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Name and Title:	Fort Lauderdale, FL 33312  Fort Lauderdale, FL 33312  JACCHE ARY 25  LAHASSE ARY 0F
Name and Title Address  Name and Title Address	AL OFFICERS ANDIOR DIRECTORS Rashida Joennmankhan, President e: 1521 SW 5th Street Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Address:	Fort Lauderdale, FL 33312  Fort Lauderdale, FL 33312  JACCHE ARY 25  LAHASSE ARY 0F
Name and Title Address  Name and Title Address	AL OFFICERS ANDIOR DIRECTORS Rashida Joennmankhan, President e: 1521 SW 5th Street Fort Lauderdale, FL 33312	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	Fort Lauderdale, FL 33312  1521 SW 5th Street  Fort Lauderdale, FL 33312  15 MAY 25 PM 3: 4

Name and T	Title:	Name and Title:
Address		Address:
	GISTERED AGENT	
<del>-</del> "	<u>ida street address</u> (P.O. Box NOT acceptable) c Rashida Joemmankhan	f the registered agent is:
Address: '	1521 SW 5th Street	<del>-</del>
	Fort Lauderdale, FL 33312	_
ARTIÇLE VII - IN	COPPOPATOR	
	ress of the Incorporator is:	
Name:	Rashida Joemmankhan	
Address:	1521 SW 5th Street	_
	Fort Lauderdale, FL 33312	
Effective date, if off	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and cannot	. (OPTIONAL) of the more than five days prior or 90 days after the
Note: If the date in the document's effe	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements, this date will not be listed as
this certificate. Lam	familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
+/	Munuala	04/25/2018
	Required Signature/Registered Agent	Date
	nent and affirm that the facts stated herein are partment of State constitutes a third degree feloi	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
+15/11	MWWW Jim Signature/Incorporator	04/25/18
Required	Signature/Incorporator	Date