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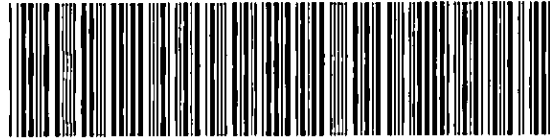
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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OCT 15 2018



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DEPARTMENT OF STATE
18 OCT -8 PM 2:59

18 OCT -3 AM 10:30
FBI/DOJ

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

76

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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FILING

Corporation

B. L. S. AND COLLECTIONS INC.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

18 OCT - 3 AM 10:30

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: B.L.S.AND COLLECTIONS INC.

(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: MARLEN OLIVA

Name (Printed or typed)

7290 SW 41 ST

Address

MIAMI, FL. 33155

City, State & Zip

305-267-8813

Daytime Telephone number

BESTLIENSERVICESINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

18 OCT -8 AM 10:30

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: B.L.S.AND COLLECTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7290 SW 41 ST

MIAMI, FL. 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUISNESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARLEN OLIVA

Name and Title:

Address 7290 SW 41 ST

Address:

MIAMI, FL. 33155

PRES.

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: MARLEN OLIVA

Address: 7290 SW 41 ST

MIAMI, FL. 33155

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARLEN OLIVA

Address: 7290 SW 41 ST

MIAMI, FL. 33155

19 OCT - 8 AM 10:50
FALL 11

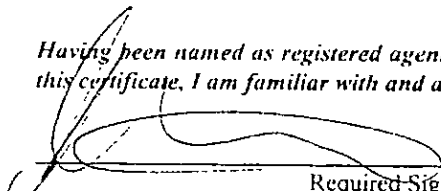
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/05/2018 (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.

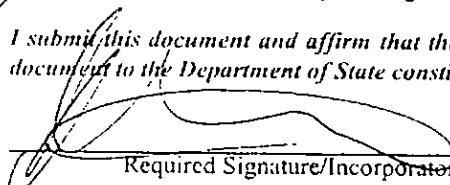
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/5/18
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

10/5/18
Date