

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P19000004657

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**FLORIDA PROFIT/NON PROFIT CORPORATION
 BLUEBELL MAINTENANCE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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January 15, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: BLUEBELL MAINTENANCE CORP.
REF: W1900005078

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refile the document and cover sheet to this office for processing.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000013114
Letter Number: 819A00001096

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME BLUEBELL MAINTENANCE CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4024 NW 7 STREET APT 303
MIAMI, FL 33126
Mailing address, if different is: 4024 NW 7 STREET APT 303
MIAMI, FL 33126

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

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

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALICIA MORENO CRUZ (P/D) Name and Title: _____
Address: 4024 NW 7 STREET APT 303 Address: _____
MIAMI, FL 33126

Name and Title: ODON LARA CHAVIRA (VP/D) Name and Title: _____
Address: 4024 NW 7 STREET APT 303 Address: _____
MIAMI, FL 33126

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

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TALLAHASSEE, FLORIDA

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: ALICIA MORENO CRUZ

Address: 4024 NW 7 STREET APT 303

MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALICIA MORENO CRUZ

Address: 4024 NW 7 STREET APT 303

MIAMI, FL 33126

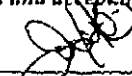
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

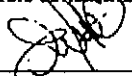
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____	JAN. 10, 2018 _____
Required Signature/Registered Agent	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.

 _____	JAN. 10, 2018 _____
Required Signature/Incorporator	Date