

**P19000030774**

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
B.BARRIOS ENTERPRISE CORP**

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JD 4/11/19

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

**ARTICLE I NAME** B. BARRIOS ENTERPRISE CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9725 SW 15 STREET

MIAMI, FL 33174

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BARBARA BARRIOS (P/D) 50%

Name and Title: \_\_\_\_\_

Address

9725 SW 15 STREET

Address: \_\_\_\_\_

MIAMI, FL 33174

Name and Title: SANDY BARRIOS (VP/D) 50%

Name and Title: \_\_\_\_\_

Address

9725 SW 15 STREET

Address: \_\_\_\_\_

MIAMI, FL 33174

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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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: BARBARA BARRIOS

Address: 9725 SW 15 STREET

MIAMI, FL 33174

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA BARRIOS

Address: 9725 SW 15 STREET

MIAMI, FL 33174

**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*

_____	04/10/2019
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.*

_____	04/10/2019
Required Signature/Incorporator	Date