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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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19 MAY 20 PM 4:07
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Heavenly Blohen Blocker Corp.

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

M SIMMONS
MAY 20 2019

2019-05-20 18:53:26

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HEAVENLY BLOHEN BLOCKER CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

642 Northeast Third AvenueFort Lauderdale, FL 33304**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: 10,000 AT \$0.001 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Brady Cobb, PresidentAddress: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304Name and Title: Brad Morris, Vice PresidentAddress: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304Name and Title: Steven D. Avalon, SecretaryAddress: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304Name and Title: Mike Beedles, TreasurerAddress: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
FORT LAUDERDALE, FL

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Steven D. Avalon
Address: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Tricia A. Mercado c/o Akerman LLP
Address: 350 East Las Olas Blvd., Suite 1600
Fort Lauderdale, FL 33301

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

Required Signature/Registered Agent 05/20/2019
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 05/20/2019
Date