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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

19 MAY

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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

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

ARTICLE I NAME HEAVENLY BLOHEN BLOCKER CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is:
642 Northeast Third Avenue _____
Fort Lauderdale, FL 33304 _____

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

ARTICLE IV SHARES 10,000 AT \$0.001 PAR VALUE
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Brady Cobb, President Name and Title: Brad Morris, Vice President
Address: 642 Northeast Third Avenue Address: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304 Fort Lauderdale, FL 33304

Name and Title: Steven D. Avalon, Secretary Name and Title: Mike Beedles, Treasurer
Address: 642 Northeast Third Avenue Address: 642 Northeast Third Avenue
Fort Lauderdale, FL 33304 Fort Lauderdale, FL 33304

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

19 MAY 20 PH 4:07
FILED
FLORIDA
CORPORATION
AND
RECORDS
DIVISION
FLORIDA
DEPARTMENT
OF STATE
TREASURER
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: Steven D. Avalon

Address: 642 Northeast Third Avenue

Fort Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

The 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

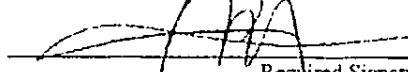
ARTICLE VIII EFFECTIVE DATE:

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.

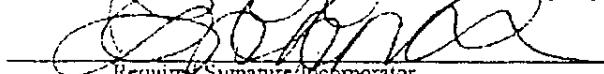
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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