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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 789505 7545938
AUTHORIZATION: Spelle Blesson
COST LIMIT : \$70.00
ORDER DATE : June 3, 2019
ORDER TIME : 3:26 PM
ORDER TIME : 3:26 PM
ORDER NO. : 789505-005
CUSTOMER NO: 7545938
DOMESTIC FILING
NAME: BABCHA'S, INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

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

The name of the corporation shall be:  ARTICLE II. DRINGIP ALOS FIRES	·		
ARTICLE II PRINCIPAL OFFICE  Principal street address	Mailing add	Mailing address, if different is:	
7945 Carlyle Aue			
<u>#2</u>			
Miami Beach, Fl. 331	<u></u>		
ARTICLE III PURPOSE			
The purpose for which the corporation is organi	zed is: any lawful purp	980C	
ABTICLE IV. CHAPPE			
The number of shares of stock is: 100	<u>DIRECTORS</u>		
The number of shares of stock is: 100	•		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:	Name and Title:		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:	•		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:	Name and Title:		
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ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  Address	Name and Title:Address:		
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The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  Address  Name and Title:  Address	Name and Title:	19 JUN -3 PH 2: 0	

Name a	nd Title:	Name and Title:	<del></del>
Addres	<u></u>	Address:	
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ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) of Corporation Service Company	f the registered agent is:	
Name:		-	
Address:	1201 Hays Street	-	
	Tallahassee, FL 32301	-	
ABTICLEUI	WCORRORYTON		
	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	Kochelle Bow	-	
Address:	334 West 8745t.	_	
	NewYork, WY 1002	4	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	f other than the date of filing: date is listed, the date must be specific and canno	. (OPTIONAL)	r or 90 days after the
filing.)	and the second s	toe more than five days prio	t of 50 days after the
Note: If the date	e inserted in this block does not meet the applicable	statutory filing requirements, the	his date will not be listed as
the document's e	effective date on the Department of State's records.		
Having been nar	med as registered agent to accept service of process	for the above stated corporati	on at the place designated in
Corporation S	am familiar with and accept the appointment as reg	istered agent and agree to act i oxanne Turner	n this capacity
Ву: \	Little Meller Ass	t. Vice President	1015:119=
Leukovit this de-	Required Signature/Registered Agent		TO THE THE THE
document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felou	true. I am aware that the falso y as provided for in s.817.155,	: informätlon submitted in a = F.S.
M	MU	,	The Range
Requi	ired Signature/Incorporator		Date 2019

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