

P2000001099

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : JP GLOBAL BUSINESS  
Account Number : I20130000083  
Phone : (305)359-3700  
Fax Number : (786)217-1243

D. O'KEEFE  
FEB 06 2020

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

Email Address:

MASTER@JPGBUSINESS.COM

RECEIVED  
2020 FEB -5 PM 4:53

FLORIDA PROFIT/NON PROFIT CORPORATION  
BMYS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED  
20 FEB -5 AM 11:27

January 23, 2020

**Florida Department of State**

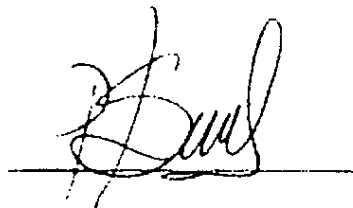
**Attention: New Filings Section**

To whom it may concern:

This is to advise you that the owners of **BMYS CORP** of Doc # **P18000031843** are the same owners of the following articles:

We have dissolved the company and have no intention of reopening it. We want to open a new one, with a different Document number.

Very sincerely

A handwritten signature in black ink, appearing to be "B. Smith", written over a horizontal line.

FILED  
2020-05 APR 11: 27  
TALLAHASSEE, FLORIDA

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** BMYS CORP  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** JP GLOBAL BUSINESS SOLUTIONS INC  
Name (Printed or typed)

1395 BRICKELL AVE SUITE 1380  
Address

MIAMI, FL 33131  
City, State & Zip

(305) 359-3700  
Daytime Telephone number

MASTER@JPCGBUSINESS.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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

**ARTICLE I NAME**The name of the corporation shall be: **BMYS CORP****ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4924 SW 30TH TERRACE****FORT LAUDERDALE****FL 33312****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: **1****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **LUGO, LENI - VP**Name and Title: **ELALUF, MARIO - P**Address: **4924 SW 30TH TERRACE**Address: **4924 SW 30TH TERRACE****FORT LAUDERDALE****FORT LAUDERDALE****FL 33312****FL 33312**

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

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

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

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

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

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

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

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

2020-05-11 11:27  
FILED  
CLERK  
STATE OF FLORIDA  
COUNTY OF BROWARD

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: JP GLOBAL BUSINESS SOLUTIONS INC  
Address: 1395 BRICKELL AVE SUITE 1380  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIO ELALUF  
Address: 4924 SW 30TH TERRACE  
FORT LAUDERDALE, FL 33312

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11:27

**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

02/05/2020

\_\_\_\_\_  
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

02/05/2020

\_\_\_\_\_  
Date