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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (305)644-3055 Fax Number : (305)644-3052

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FLORIDA PROFIT/NON PROFIT CORPORATION **B&L MIAMI CORPORATION INC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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

LE II PRINCI	IPAL OFFICE		•
	Principal street address	Mailing addr	ess, if different is:
			
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Tpose for which	the corporation is organized is	E ALL PROPOSE	
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mber of shares	of stock is: <u>100</u> . OFFICERS AND/OR DIRECT	DENT	Name andTitle:
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	REGISTERED AGENT		
i ne <u>name an</u> o	d Florida street address (P.O. Box N	OT acceptable) of the	registered agent is:
Name:	LEONIDES FABELO	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
Address:	18217 SW 154CT MIAMI FL 3318	7	
	<u> </u>		
	·	 .	•
ARTICLE VII	INCORPORATOR		
Thomama	1 - 1 June - 0 (1) - T		
The <u>name</u> and	daddress of the Incorporator is:		
Name:	LEONIDES FABELO	<u> </u>	
Address:	18217 SW 154 CT MLAMI FL 33	187	
	1000 V. 101 OT 1.11 I.11 I. 000	10/	
			
	EFFECTIVE DATE:		
	. if other than the date of filing: <u>07/1</u> e date is listed, the date must be sp		
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