

8/19/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE PENINSULA ABA, INC.

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BLUE PENINSULA ABA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address203 N. COLLINS ST., SUITE: 1PLANT CITY, FL 33563

Mailing address, if different is:

203 N. COLLINS ST., SUITE: 1PLANT CITY, FL 33563**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Carlos Alberto Naranjo Cala (P/D)

Name and Title: _____

Address

203 N. COLLINS ST., SUITE: 1

Address: _____

PLANT CITY, FL 33563

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

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

Name: Carlos Alberto Naranjo Cala

Address: 203 N. COLLINS ST., SUITE: 1

PLANT CITY, FL 33563

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Carlos Alberto Naranjo Cala

Address: 203 N. COLLINS ST., SUITE: 1

PLANT CITY, FL 33563

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

<u>/s/ Carlos Alberto Naranjo Cala</u>	<u>08/19/2020</u>
Required Signature/Registered Agent	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.

<u>/s/ Carlos Alberto Naranjo Cala</u>	<u>08/19/2020</u>
Required Signature/Incorporator	Date