

9/17/2020

P2000073493

Florida Department of State

Division of Corporations

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

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Account Number : I20190000100
Phone : (305)764-3080
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
BEJUKO BUENOS VICIOS INC

Certificate of Status	0
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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: BEJUKO BUENOS VICIOS INC**ARTICLE II - PRINCIPAL OFFICE**

Principal street address:

7358 SW 23RD STMIAMI, FL 33155

Mailing address, if different is:

7358 SW 23RD STMIAMI, FL 33155**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: 100**ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PAVEL VITIER, PRESIDENTAddress: 7358 SW 23RD STMIAMI, FL 33155

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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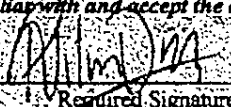
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI - REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: PAVEL VITIER, PRESIDENTAddress: 7358 SW 23RD STMIAMI, FL 33155**ARTICLE VII - INCORPORATOR**The name and address of the Incorporator is:Name: PAVEL VITIER, PRESIDENTAddress: 7358 SW 23RD STMIAMI, FL 33155**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 Agent9/17/2020

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 § 817.155, F.S.

Required Signature/Incorporator9/17/2020

Date

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TALLAHASSEE, FLORIDA