

10/2/2020

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BS HOLDINGS GROUP CORP**

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

J. FASON

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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: BS HOLDINGS GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8180 NW 36 ST # 317DORAL, FL 33166**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: Fabiano Augusto Rodrigues Silvestre (P)

Name and Title: _____

Address 10258 NW 74TH TER MODERN 75

Address: _____

DORAL, FL 33178Name and Title: Marcia Souza Bessa (V/P)

Name and Title: _____

Address 10258 NW 74TH TER MODERN 75

Address: _____

DORAL, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FILE

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: Fabiano Augusto Rodrigues Silvestre
Address: 10258 NW 74TH TER MODERN 75
DORAL, FL 33178

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Fabiano Augusto Rodrigues Silvestre
Address: 10258 NW 74TH TER MODERN 75
DORAL FL 33178

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

/s/ Fabiano Augusto Rodrigues Silvestre
Required Signature/Registered Agent

10/01/2020
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.

/s/ Fabiano Augusto Rodrigues Silvestre
Required Signature/Incorporator

10/01/2020
Date

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