

P21000005996

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BMP UNLIMITED INC.**

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

BMP UNLIMITED INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10117 NW 27TH AVENUE

MIAMI, FL 33147

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

BONELLY MEDINA PIMENTEL / PRESIDENT

21 JAN 29 PM 5:01

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

BONELLY MEDINA PIMENTEL

10812 W 240 STREET

HOMESTEAD, FL 33032

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

BONELLY MEDINA PIMENTEL

10812 W 240 STREET

HOMESTEAD, FL 33032

**Required Signatures:**

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

Bonelly Medina 01/26/2021  
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.

Bonelly Medina 01/26/2021  
Incorporator Date

21 JAN 28 PM 5:01  
RECEIVED  
JAN 28 2021