Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000207032 3)))



H210002070323ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

FLORIDA PROFIT/NON PROFIT CORPORATION
BMLA ENTERPRISES FLORIDA CORP

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

108H 72MH

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

ARTICLE I NAME: The name of the corporation is:
BMLA Enterprises FLorida Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2620 SW 22 Terr Hiami, FL 33145
ARTICLE III SHARES: The number of shares of stock is: 100.
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
President: Brayan Maqueira Pacheco
President: Brayan Maqueira Pacheco 2620 SW 22 terr Hiami, FL 3345
Vic: Livan Alonso Torres
9024 West Flagler St Apt 7 Miani, FL 33174
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
BRAYAN MAQUEIRA PACHECO  2620 SW 22 TERR  MIAMI FL 33145
2620 SW 22 IERR
MIAMI FL 33145
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Brayan Maqueira Pacheco
2620 Sw 22 terr
miami F1 33145

PAGE	03/03

## 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

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.

Incorporator Date