**Division of Corporations Electronic Filing Cover Sheet** 

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Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION BILOFFICE, INC

Certificate of Status	0
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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME  The name of the corporation sha	BILOFFICE, INC		,		
ARTICLE II PRINCIPAL O	OFFICE				<del></del>
Princip 8430 SW 40TH STREET	al street address	Mailing address, if different is: 8430 SW 40TH STREET			
				11	
MIAMI, FL 33155	<del></del>	МіАМі,	FL 33155	,	
ARTICLE III PURPOSE The purpose for which the corpo	pration is accoming dis-			• .	
ANY AND ALL LAWFUL BUSIN	ESS			<u> </u>	
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	_				72
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	<del></del> .			\$05 h	<del>-</del>
					<del></del>
					12
				77. 14 EB 21	
ARTICLE IV SHARES	100				ω
The number of shares of stock is:		<del></del>	·		
ARTICLE V INITIAL OFFI	CERS AND/OR DIRECTORS				
P· ALL	Z. ODEH ABDEL		VP: OMAR ZI, OD	EN ABOEL	
Name and Title:		Name and Title	: <u> </u>	151 P	— <u>——</u> _
Address	430 SW 40TH STREET	Address:	8430 SW 40 TH S	TREET	
MIAMI,	FL 33155	_	MIAMI, FL 33155	<del>- i</del> - · ·,	
N					
Name and Title:		Name and Title	:	·	
Address		Address:		170	
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		· <del></del>			
Name and Title:		Name and Title	•		
				7.5	
Address		Address:	<del></del>		
			<del></del>	- %. 	
		<u> </u>	<del></del>	4 5.	

Name :	and Title:	_ Name and Title:	
Addre	ss	Address:	
		_	
		<del></del>	7. 7.
ARTICLE VI	REGISTERED AGENT		
inc name and ]	Torida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ALI Z. ODEH ABDEL	- •	
Address:	8430 SW 40TH STREET	•	
	MIAMI, FL 33155	•	<u>21</u>
		•	
ARTICIÆ VII	INCORPORATOR		So Car
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	ALI Z. ODEH ABDEL		
Address:	8430 SW 40TH STREET		
	MIAMI, FL 33155	,	
ARTICLE VIII	EFFECTIVE DATE: 08/16/2021		$\lambda$ .
ffective date, if	other than the date of filing:	(OPTIONAL)	
If an effective o	ate is listed, the date must be specific and cannot	be more than five days pri	or or 90 days after the
mug.)			*
Note: If the date	inserted in this block does not meet the applicable s ffective date on the Department of State's records.	tatutory filing requirements,	this date will not be listed as
no accument 3 C	receive date on the Department of State's records.		$\mathcal{J}$
			\$ 5°
laving been nar his certificate, I	ned as registered agent to accept service of process j am familiar with and accept the appointment as regi	for the above stated corpora stered agent and agree to ac	tion at the place designated in in this capacity
× Ahi	adela	• •	08/16/2021:
	Required Signature/Registered Agent	·····	Date
submit this doc	ument and affirm that the facts stated herein are to	ue. I am aware that the fal	to information submitted :
ocument to the	Department of State constitutes a third degree felony	as provided for in s.817.155	, F.S. 🖟
× Alin	Aulel.	-	08/16/2021
Requi	red Signature/Incorporator	<del></del>	Date