## Palo 00078545

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		-
Special Instructions to f	Filing Officer:	
-		

Office Use Only



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2021 SEP -3 PP 3:05

AFLAFELFFA TOTAL 09/03/21+ -01004---008

09/09/21-01994-098 \*\*79.75

> 07/05/55 SEP () + 2021

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: BC	at Ghdes he	modeling	INC.	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	JPY REQUIRED	
from: £	Antiyahn Brand	Printed or typed)		
	332 SE 2nd	S+ Address	· .	
I	Belle Black S	-L 3343T , State & Zip	<u> </u>	
754.802.7533  Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporation shall be: BSF C	Jades 1	hemode	zling K	$\mathbb{C}$
ARTICLE II PRINCIPAL OFFICE  Principal street address FC 33430	uccle,	Mailing add	ress, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	TO re	model r	omes.	
TRTICLE IV SHARES The number of shares of stock is:  OUT OF THE RESERVE AND/OR DIRE	CTORS			
Name and Title: AHLIAN BYO	nd tey Na			
Belle Glade, ** Presider	PL33UBC	)	<u> </u>	2821 S
Name and Title:	N:	ame and Title:		± Ω
Address		ddress:		3 0 O
Name and Title:		ame and Title:	*	
Address				

Name and Title:	Name and Title:
Address	Address:
	in the state of th
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	a) of the registered agent is:
Name: Antiyahn Bradley	
Address: 838 SE 2nd St.	
Belie Alade Fr 330	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	2 colle
Name: Best Glades hem	odeing -> Antiyahn Bladley
Address: <u>832 St. 7 ml St</u>	
Belle Avode, FL33	<u>UB</u> O
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 999990 100 100 100 100 100 100 100 100	. (OPTIONAL) annot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the application the document's effective date on the Department of State's recommendation.	
Having been named as registered agent to accept service of pro- certificate, I am familiar with and accept the appointment as re	
Required Signature/Registered Agen	9/3/21
	n are true. I am aware that the false information submitted in a
ABO	9/3/21
Required Signature/Incorporator	Date //

\*May you add my Ein number 87-2195547