P2100001733

(Re	equestor's Name)	
(Ad	ldress)	<u>_</u>
(Ad	ldress)	
(,	,	
(6)	- IChan 17: - IDh	
(CII	ty/State/Zip/Phone	#)
	☐ WAIT	MAIL
☐ FICK-OF	□ ₩	☐ WAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
	•	
Cartificat Cartina	O-3:6:4	-5.04-1
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
		Ţ
		İ
		

Office Use Only



400377068154

12/01/21--01014--091 **78.75

2021 DEC -1 PH 2: 38

T. BURCH

COVER LETTER

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

SUBJECT:Bah	na Breeze, Inc.		
	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☑ \$78.75Filing Fee& Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Antonesio Serbreon Herbert Pat Nam	ton-Bowe e (Printed or typed)	<u> </u>
	27 Blake Circle	Address	·
	Marlborough, Massachusetts 01 City		
	508-614-0334 Daytime	Felephone number	
	pinoccs@hotmail.com		
	E-mail address: (to be use	d for future annual report i	iotification)

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)

tion shall be. Baha Breeze, Inc.				
ation shall be: Bana Breeze, Inc.				-
	М	ailing address	s, if different is:	
l Road, Suite 209	N	/A		
	N/	<u> </u>		
<u> </u>	N	I/A		
<u>OSE</u>				
the corporation is organized is: To provid	e multiple services in-	cluding but no	ot limited to shipp	oing
Vedding Consultants, and Multi Media Spec	cialist.			
			77 2	
			100 SEC	
				i-]
			ASS.	·
			m _C m	<u></u>
			77 75	Ö
			DA BA	
Mek III.				
AL OFFICERS AND/OR DIRECTORS				
	P Name and Title	NI/A		
Director	Name and Title	1417		
27 Blake Circle	Address:	N/A		
Marlborough, Massachusetts 01752	_	N/A		
		N/A		
		N/A		
· Chrishna Lavett Bowe, President	Name and Title:	N/A		
			 ,-	
4 Jolly Roger Drive, #2	Address:		<u> </u>	
Freeport, Bahamas		N/A		<u> </u>
		N/A		
	_			
Clifford Shane Bowe, Vice-President	Name and Title:_	N/A		
нгеероп, вапатаs		N/A		
		N/A		
	CIPAL OFFICE Principal street address Road, Suite 209 24 OSE the corporation is organized is:	Principal street address Mel Road, Suite 209 No.	Principal street address Analyse Andress Analyse Andress Analyse Andress Analyse Analy	Principal street address Mailing address, if different is: N/A

Name a	and Title: N/A	Name and Title	e: N/A
Addre	ss N/A	Address:	N/A
	N/A		N/A
	N/A		N/A
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT :	acceptable) of the registered ag	ent is:
Name:	Georgia B. Gillett, Esq.		=
Address:	9900 Stirling Road, Suite 300		3821.1 SEC ALL
	Hollywood, Florida 33024		DEC CRE I CAHA
			EC -1 ETARE HASSEI
	INCORPORATOR		E C PR
The <u>name and</u>	address of the Incorporator is:		PM 2: 36)F STATE , FLORIDA
Name:	Antonesio Serbreon Herbert Patto	on-Bowe	D r. 60
Address:	27 Blake Circle	 	
	Marlborough, Massachusetts 01	752	
Effective date.	1 EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specif		PTIONAL) five days prior or 90 days after th
Note: If the da the document's	te inserted in this block does not meet the effective date on the Department of Sta	ite's records.	
	imed as registered agent to accept servic i familiar with and accept the appointme		
	Required Signature/Registere	ed Agent	11/10/2000 Date
I submit this de	ocument and affirm that the facts state e Department of State constitutes a third		