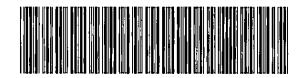
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		; } ; }
	(Requestor's Name)	
	(Address)	•
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
.	(Document Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Merger File			Fictitious Name File
Art, of Amend. File			Trade/Service Mark
RA Resignation			Merger File
Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record Requested by:			Art. of Amend. File
Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record Requested by: UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval			RA Resignation
Cert. Copy			Dissolution / Withdrawal
Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Сеп. Сору
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Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search Vehicle Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retriev			Officer Search
Vehicle Search			Fictitious Search
Vehicle Search	Signature		Fictitious Owner Search
UCC 1 or 3 File	Signature		Vehicle Search
UCC 11 Search			Driving Record
UCC 1 Search	Requested by:		UCC 1 or 3 File
UCC 11 Retrieval			UCC 11 Search
Walk-In Will Pick Up Courier	Name	Date Time	UCC 11 Retrieval
174 Panaer's Printing - Thom (skyle GA \$100	Walk-In		Courier

COVER LETTER

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

SUBJECT:	BZB TRADIN	IG INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$1.878.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:		RT COREY		
	Name	(Printed or typed)		
	1800 W	68 ST SUITE 1	18	
	,	Address		
	H	HALEAHFL 330	14	
	City.	State & Zip	,	
	305-82	3-9228		
	Daytime T	elephone number EDLUXURY	TRADING@GM	IAIL.COM
	E-mail address: (to be used	I for future annual report n	otification)	

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)

RTICLE II PRINCIPAL OFFICE Principal street address 3029 NE 188 ST APT 917 mIAMI FL 33180 RTICLE III PURPOSE the purpose for which the corporation is organized is: RTICLE II SHARES the purpose for which the corporation is organized is: RTICLE II INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title: Address		
PIFELE IV SHARES 1000 INTEGER AND/OR DIRECTORS Name and Title: GUY BECHOR PRESIDENT Address: The Address Address Address: The Address Addr	Principal <u>street</u> address Mailing address, if different 188 ST APT 917 mIAMI FL 33180	
PRESIDENT Name and Title:	PURPOSE which the corporation is organized is:	
TICLE IV SHARES In number of shares of stock is: TICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title:		
TICLE IV SHARES Inumber of shares of stock is: TICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title:		
Name and Title:	NITIAL OFFICERS AND/OR DIRECTORS 1000 NITIAL OFFICERS AND/OR DIRECTORS	•
Address: Address: Name and Title: Name and Title:	3029 NE 188 ST APT 917 MIAMI FL 33180 Address:	<u> </u>
Name and Title: Name and Title:		
Address: Address:	1 Title: Name and Title:	
	Address:	

Name and Title	e:	Name and Title:	·
Address		Address:	
ARTICLE VI REGI The name and Florida	STERED AGENT street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	GUY BECHOR		
Address: 3029	NE 188 ST APT 917 MIAMI FL 33180		
Call)		
Ų 		.	
<u>ARTICLE VII INCO</u>	PRPORATOR		
The name and address	of the Incorporator is:		
Name: _	GUY BECHOR		
Address:	3029 NE 188 ST APT 917 MIAMI	FL 33180	
(J. 13		:
			
	than the date of filing: listed, the date must be specific and o		
	ted in this block does not meet the appli we date on the Department of State's rec		nts, this date will not be listed as
Having been named as certificate, I am familia	registered agent to accept service of proc ar with and accept the appointment as re	cess for the above stated corporal gistered agent and agree to act in	tion at the place designated in this this capacity
G	UY BECHOR		04/07/2022
	Required Signature/Registered Agen	1	Date
I submit this document document to the Depar	it and affirm that the facts stated herein tment of State constitutes a third degree	n are true. I am aware that the felony as provided for in s.817.1.	false information submitted in a 55, F.S.
	×//		04/07/2022
Required Signature/Inc	corporator		Date

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