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(Requestor's Name)

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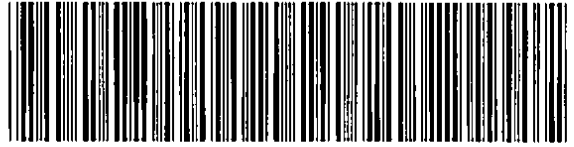
(Business Entity Name)

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2022 JUN -9 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2022 JUN -9 PM 1:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2022

LESBIA SEGURA  
3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746 US

SUBJECT: BLESSINGS, CORP.  
Ref. Number: W22000077725

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 622A00013008

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

W22000077725

SUBJECT: **BLESSINGS NOW, CORP.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **EVELYN DIAZ**

Name (Printed or typed)

**609 MADISON DRIVE**

Address

**DAVENPORT, FL. 33837**

City, State & Zip

**863-207-5180**

Daytime Telephone number

**EORBE@OUTLOOK.COM**

E-mail address: (to be used for future annual report notification)

DEPT OF STATE  
TALLAHASSEE, FL 32314

2022 JUN -9 AM 9:58

FILED

**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)

**ARTICLE I NAME**

The name of the corporation shall be: **BLESSINGS NOW, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

609 MADISON DRIVE

**DAVENPORT, FL. 33837**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **EVELYN DIAZ, P**

Name and Title: \_\_\_\_\_

Address **609 MADISON DRIVE**

Address: \_\_\_\_\_

**DAVENPORT, FL. 33837**

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

CLERK OF COURT  
JANUARY 1, 2022

2022 JUN -9 AM 9:58

EVELYN DIAZ

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LESBIA SEGURA  
Address: 3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LESBIA SEGURA  
Address: 3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

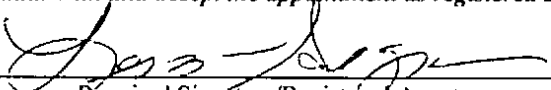
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 9, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

06/09/2022  
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.*

  
Required Signature/Incorporator

06/09/2022  
Date

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TALLAHASSEE, FLORIDA