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**FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE ANGELS 528, CORP.**

Certificate of Status	0
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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 shall be: BLUE ANGELS 528, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
401 NW 103rd AVE APT 388
PEMBROKE PINES, FL 33026

Mailing address, if different is:
401 NW 103rd AVE APT 388
PEMBROKE PINES, FL 33026

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARDO R. PRIEDA - P

Name and Title:

Address 401 NW 103rd AVE APT 388
PEMBROKE PINES, FL 33026

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: EDUARDO R. PRIEDAAddress: 401 NW 103rd AVE APT 388PEMBROKE PINES, FL 33026**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: EDUARDO R. PRIEDAAddress: 401 NW 103rd AVE APT 388PEMBROKE PINES, FL 33026**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (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*/s/ Eduardo R. Prieda

Required Signature/Registered Agent

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./s/ Eduardo R. Prieda

Required Signature/Incorporator

Date _____

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