## Paa000068/39

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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S.CHATHAM SEP, 2202

TO SEP I PK (170)

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DIVISION OF CORPORATIONS

22 SEP - 1 PM 3: 16

## **COVER LETTER**

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

Cac SUBJECT:	chilo 1603 Corp		
30bine1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
<b>1x</b> \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Bluemax Par	tners Corp	
	848 Brid	ckell Ave. ste 1130	
		FL, 33131	<del></del>

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

mdelloca@mdellconsulting.com
E-mail address: (to be used for future annual report notification)

305 607 3493

Daytime Telephone number

23 T/ (8:	LORIDA CAPITAL COURIER SERVICES, INC 30 CLARE DRIVE ALLAHASSEE, FL 32309 50) 524-5437 50) 524-6243	
Αι	ease use funds from Acct: 120210000160 uthorization Sig:	Amount: <u>\$70.00</u>
	Walk in	Pick up time
	_ Mail out	Will wait
	_ Photocopy	
_	_Certified Copy (s) of Articles of Incorporate	tion
	_ Certificate of Status	
<u>N</u> 1	EW FILINGS	<u>AMMENDMENTS</u>
	Profit Not for Profit Limited Liability Domestication Other X_ CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
<u>O</u> .	THER FILINGS	REGISTRATION/QUALIFICATIONS
	Annual Report	Foreign filing
	_Fictitious Name	Limited Partnership Reinstatement
_	APOSTIL()Country	Other

EXAMINER'S INITIALS:\_\_\_\_

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

RTICLE II PRINCIPAL OFFICE		
Principal street address	Mailing addre	ess, if different is:
848 Brickell Ave. ste 1130		
Miami, FL, 33131		
RTICLE III PURPOSE he purpose for which the corporation is organized is: Real	Estate	
the purpose for which the exaporation is organized to.		
		-22 div
		SECONO FP
		<u> </u>
		Par
	<del>-, </del>	
		_ <del>_</del> = = = = = = = = = = = = = = = = = = =
		<b>2</b>
RTICLE IV SHARES he number of shares of stock is: 1000		
ne number of shares of stock is. 1999		
ne number of shares of stock is.		
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title: Director, Mia Biz Group LLC	Name and Title:	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Director, Mia Biz Group LLC  Address 848 Brickell Ave. ste 1130		
Name and Title: Director, Mia Biz Group LLC	Name and Title:	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Director, Mia Biz Group LLC  Address 848 Brickell Ave. ste 1130	Name and Title:	
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Name and Title: Director, Mia Biz Group LLC  Address 848 Brickell Ave. ste 1130  Miami, FL, 33131	Name and Title:  Address:  Name and Title:  Address:	
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Name and Title:  Name and Title:  Director, Mia Biz Group LLC  Address  848 Brickell Ave. ste 1130  Miami, FL, 33131  Name and Title:  Address	Name and Title:  Address:  Name and Title:  Address:  Address:	
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	nd Title: Nam	e and Title:
Addres	SS Add	ress:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the reg	gistered agent is:
Name:	Bluemax Partners Corp	0
Address:	848 Brickell Ave. ste 1130	01 Visi 22 S
	Miami, FL, 33131	EP 0%
		- Ficor
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	PM 3:
The name and a	address of the Incorporator is:	# 16
Name:	Bluemax Partners Corp	<u> </u>
Address:	848 Brickell Ave. ste 1130	
	Miami, FL, 33131	
407161 E 1/11	EEEECTIVE DATE:	
Effective date i	if other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and cannot be n	iore than five days prior or 90 days after
Note: If the da	te inserted in this block does not meet the applicable statut	ory filing requirements, this date will not be
the document's	effective date on the Department of State's records.	
Having been na	nmed as registered agent to accept service of process for the familiar with and accept the appointment as registered age	above stated corporation at the place designo ont and agree to act in this capacity
certificate, I am	t a	9/1/2022
certificate, I am	mê Dil Oca	3/ 1/2022
certificate, I am	Required Signature/Registered Agent	Date
I submit this do	Required Signature/Registered Agent ocument and affirm that the facts stated herein are true. e Department of State constitutes a third degree felony as po	I am aware that the false information subt