

P22000077/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

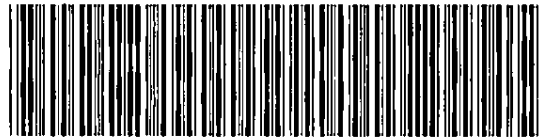
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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S. CHATHAM

OCT - 9 2022

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DIVISION OF CORPORATIONS

2022 OCT - 7 PM 3:25

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 OCT - 7 PM 3:25

## COVER LETTER

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

**SUBJECT:** BOSCHI INTERNATIONAL 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:** BLUEMAX PARTNERS CORP  
Name (Printed or typed)

848 BRICKELL AVE. STE 1130

Address

MIAMI, FL 33131

City, State & Zip

(305) 607-3493

Daytime Telephone number

MDELLOCA@MDELLCONSULTING.COM

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

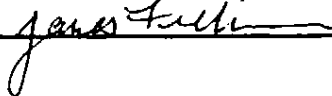
**NOTE: Please provide the original and one copy of the articles.**

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid 70.00

Authorization Signature

BOSCHI INTERNATIONAL CORP



Business Name

Document #

☐ Photocopy

☐ Certified Copy (s)

☐ Certificate of Status

**NEW FILINGS**

☒ **FOR Profit**  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ LLLP

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

☐ ARTICLES OF CORRECTION

☐ APOSTIL ()

**Country**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. or Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ Articles of Conversion  
☐ Resignation

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

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

**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: BOSCHI INTERNATIONAL CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

848 Brickell Ave. Ste 1130

Miami, FL 33131

**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: 1000

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

Name and Title: Indian Creek Services Corp, Director

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

Address 848 Brickell Ave. Ste 1130  
Miami, FL 33131

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

SECRET  
DIVISION OF CORPORATIONS  
42 OCT -7 PM 3: 22

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: Bluemax Partners Corp.

Address: 848 Brickell Ave. Ste 1130  
Miami, FL 33131

**ARTICLE VII INCORPORATOR**

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

Name: Bluemax Partners Corp.

Address: 848 Brickell Ave. Ste 1130  
Miami, FL 33131

**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*

meDell'oca

Required Signature/Registered Agent

10/7/2022

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.*

meDell'oca

Required Signature/Incorporator

10/7/2022

Date

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