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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (786)783-3658

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BOM ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

80:8 11/ 2022

2022 OCT 25 PM 11:30

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Corporate Filing Menu

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AFFIDAVIT

BEFORE ME. the undersigned authority, on this day personally appeared **JORGE N. FREITAS**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is the President of **BOM ENTERPRISES, INC.** a Florida corporation to be filed with the Florida Department of State on or about 03/10/2009.
2. The undersigned hereby consents to and authorizes the use by **BOM ENTERPRISES, INC.** of the name **BOM ENTERPRISES, INC.** The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.



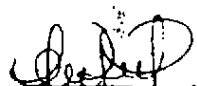
JORGE N. FREITAS

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Driver License:

PERSONALLY appeared before me, **JORGE N. FREITAS**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 24 days of October, 2022.

2022 OCT 25 AM 11:30


Notary Public Signature
DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37154
My Commission Expires Aug. 27, 2024

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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: BOM ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6010 NW 99TH AVE., UNIT 108, DORAL, FL 33178

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

Insert text here

Name and Title: JORGE N FREITAS, PD

Name and Title: MIRIAM C FREITAS

Address 9717 NW 45TH LANE

Address: 9717 NW 45TH LANE

DORAL, FL 33178

DORAL, FL 33178

Insert text here

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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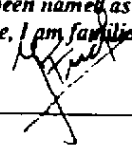
Name and Title: _____ Name and Title: _____

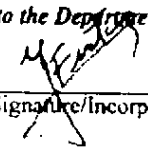
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JORGE N FREITASAddress: 6010 NW 99TH AVE. UNIT 108DORAL, FL 33178**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JORGE N FREITASAddress: 6010 NW 99TH AVE. UNIT 108DORAL, FL 33178**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*

Required Signature/Registered Agent10/24/2022
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/Incorporator10/24/2022
Date2022 OCT 25 AM 11:30
FILE