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To:

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

From:

Account Name : JABBASH LLC
Account Number : I20220000113
Phone : (407)434-0012
Fax Number : (321)577-1025

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

Email Address: BlessedTeaminfo@protonmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
BLESSINGS FOR ALL**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

COVER LETTER

((H22000375670 3)))

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

SUBJECT: BLESSINGS FOR ALL, 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: JABBASH LLC

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

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

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

ARTICLES OF INCORPORATION

((H22000375670 3)))

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

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1431 SIMPSON RD # 2577

KISSIMMEE, FL 34744-4604

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: **100,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Lesbia Segura, M**

Name and Title: _____

Address **1431 SIMPSON RD # 2577**

Address: _____

KISSIMMEE, FL 34744-4604

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Lesbia Segura
Address: 3321 S ORANGE BLOSSOM TRAIL #206
Kissimmee, FL 34746

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

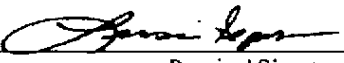
Name: Lesbia Segura
Address: 3321 S ORANGE BLOSSOM TRAIL #206
Kissimmee, FL 34746

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: November 2, 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

November 2, 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

November 2, 2022
Date