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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$70.00 AUTHORIZATION SIGNATURE: Almeija Corp. BUSINESS (Name) Document # Pick up time Walk in Mail out Will wait ___ Photocopy Certified Copy Certificate of Status **NEW FILINGS AMMENDMENTS** Profit Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other _X_ CORP Conversion REGISTERATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report ___Limited Partnership ___ Reinstatement Fictitious Name APOSTIL () Other Country EXAMINER'S INITIALS:_____

4 FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-624 PLEASE USE FUNDS FROM T	HIS ACCOUNT: 120210000160: \$70.00
AUTHORIZATION SIGNATUR	→ 1 A.
Almejja Corp.	5
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A. Officer/f Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
X CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other

COVER LETTER

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

SUBJECT: Almejia Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	lacheck for		
Theresed are all one	mai and one (1) copy of the ara-	eles of incorporation and	Ta check tot.		
₩ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status OPY REQUIRED		
FROM: BlueMax Partners Corp Name (Printed or typed) 848 Brickell Aue ste 1130 Address Miami, Florida 33131 City, State & Zip 305 · 607 · 3493 Daytime Telephone number					

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

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

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

RTICLE II PR				
	RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
48 Beick	ell Ave Ste 1130		· · · · · · · · · · · · · · · · · · ·	
liAMI, FL	33134	·		
TICLE III PU. e purpose for whi	RPOSE ch the corporation is organized is:			
				
	-			
				
	· · · · · · · · · · · · · · · · · · ·	 	-	
				
0				
P Name and Address	Title: MIGUEL CUESTA VARQUESTE BY 8 BRICKEII AVE STE 1130, MIAMI FLORIDA 34131	Name and Title:Address:		
Address	848 BRICKEII AVE STE 1130, MIAMI FLOCIDA 33131	Address:		
Address V Name and T	848 BRICKEII AVE STE 1130, MIAMI FloridA 33131 Title: Juan ATienza Espejo	Address:		
Address	848 BRICKEII AVE STE 1130, MIAMI FloridA 33131 Title: Juan ATIENZA Espejo 848 BRICKEII AVE STE	Address: Name and Title: Address:		
Address V Name and T	848 BRICKEII AVE STE 1130, MIAMI FLORIDA 33131 Title: Juan Atienza Espejo 848 BRICKEII AVE STE 1130, MIAMI FLORIDA	Address: Name and Title: Address:		
Address V Name and T	848 BRICKEII AVE STE 1130, MIAMI FloridA 33131 Title: Juan ATIENZA Espejo 848 BRICKEII AVE STE	Address: Name and Title: Address:		
Address V Name and T Address	848 BRICKEII AVE STE 1130, MIAMI FLORIDA 33131 Title: Juan Atienza Espejo 848 BRICKEII AVE STE 1130, MIAMI FLORIDA	Address: Name and Title: Address:		
Address V Name and T Address	848 BRICKEN AVE STE 1130, MIAMI FLORIDA 33131 Title: JUAN ATIENZA ESPEJO 848 BRICKEN AVE STE 1130, MIAMI FLORIDA 33131	Address:		
Address V Name and T Address Name and T	848 BRICKEII AVE STE 1130, MIAMI FloridA 33131 itle: Juan ATienza Espejo 848 BRICKEII AVE STE 1130, MIAMI FloridA 33131	Address:	2485	
Address V Name and T Address Name and T	848 BRICKEN AVE STE 1130, MIAMI FLORIDA 33131 Title: JUAN ATIENZA ESPEJO 848 BRICKEN AVE STE 1130, MIAMI FLORIDA 33131	Address:	2665	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:
Name: BLUEMAX PA	hetners copp
Address: BY8 BRICKEN	AVE. STE. 1130
MIAMI, FL 33	131
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	
Name: BLUE MAX P	HETNERS CORP
Address: 848 BRicke	11 Ave. STC.1130
Miami, FL	32 131
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
filing.)	e specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Departme	of the applicable statutory filing requirements, this date will not be listed as not of State's records.
Having been named as registered agent to accept the ap	pt service of process for the above stated corporation at the place designated in this opointment as registered agent and agree to act in this capacity
1 Daly	11/3/2023
Required Signature/	Registered Agent Date
	ects stated herein ure true. I am aware that the false information submitted in a s a third degree felony as provided for in s.817.155, F.S.
Mellells	11 3 2023
Required Signature/Incorporator	Date

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