

To:

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From: Yanet Avila

P24000000 177

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
INVERSIONES BL CORP

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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: INVERSIONES BL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address17178 SW 93 STMIAMI FL 33196

Mailing address, if different is:

17178 SW 93 STMIAMI FL 33196**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAUFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRAYAN LOPEZ - P

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

Address 17178 SW 93 ST

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

MIAMI FL 33196

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

Address \_\_\_\_\_

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

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

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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: BRAYAN LOPEZ  
 Address: 17178 SW 93 ST  
MIAMI FL 33196

**ARTICLE VII INCORPORATOR**

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

Name: BRAYAN LOPEZ  
 Address: 17178 SW 93 ST  
MIAMI FL 33196

**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 Agent 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 Date

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 DEPT. OF STATE, FLA.