

P24000006242

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BLACKSTONE TRUST CORPORATION

Certificate of Status	0
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FLORIDA
DIVISION OF
CORPORATIONS

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BLACKSTONE TRUST CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1930 NE 151 STREET
NORTH MIAMI BEACH, FL 33162

Mailing address, if different is:

12864 BISCAYNE BLVD # 361
NORTH MIAMI, FL 33181**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GLADYS CUESTA - P

Name and Title: _____

Address 12864 BISCAYNE BLVD # 361

Address: _____

NORTH MIAMI, FL 33181

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GLADYS CUESTA
Address: 12864 BISCAYNE BLVD # 361
NORTH MIAMI, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLADYS CUESTA
Address: 12864 BISCAYNE BLVD # 361
NORTH MIAMI, FL 33181

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

/s/ Gladys Cuesta

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.

/s/ Gladys Cuesta

Required Signature/Incorporator

Date