

P24000057844

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 9/11

CERTIFIED COPY _____

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INC

1. PURE BLISS BEVERAGES, INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: PURE BLISS BEVERAGES, INC.
(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: Kristan Smith c/o Registered Agent Solutions, Inc
Name (Printed or typed)

5301 Southwest Pkwy, Ste 400
Address

Austin, TX 78735
City, State & Zip

888-705-7274
Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be: PURE BLISS BEVERAGES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4300 BISCAYNE BLVD., SUITE 203

MIAMI, FLORIDA 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO SELL AND OPERATE SMOOTHIE AUTOMATION MACHINES.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CERVANDO TEJEDA, PRESIDENT Name and Title: _____

Address 4300 BISCAYNE BLVD. Address: _____

SUITE 203 _____

MIAMI, FLORIDA 33137 _____

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manny Abrahante II
Address: c/o MA II Tax Services, Inc.
1350 Avenue of the Americas NYC 10019

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

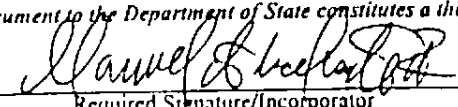
By:  NRAI Services, Inc.

Required Signature/Registered Agent

9/10/2024

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

8/8/2024

Date

MANUEL ABRAHANTE II

2024