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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC .

Account Number : I20140000089 Phone : (754)301-2128 : (954)252-4650 Fax Number

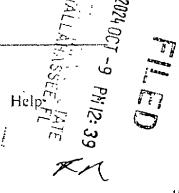
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NFO@GFSTAXACCT.COM

FLORIDA PROFIT/NON PROFIT CORPORATION BYPREAL ESTATE CORP

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Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: BVP	REAL ESTATE CORP		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$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 Status
		ADDITIONAL COPY REQU	
	CHUMAN E DOC CANTOO		
FROM:	GILVAM F DOS SANTOS	(D	
	Name	(Printed or typed)	
<u></u> .	11764 W SAMPLE RD STE 102		
	1	Address	
C	ORAL SPRINGS, FL 33065		
	City,	State & Zip	
	754 301 2128		
	Daytime T	elephone number	
h	NFO@GFSTAXACCT.COM		

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

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

(((H24000340054 3)))

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

PO W DIXIE HWY - SUITE 1204 NTURA, FL 33180 CLE III PURPOSE urpose for which the corporation is organized is: REAL ESTATE INVESTMENT CLE IV SHARES 1,000 amber of shares of stock is: CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: 19790 W DIXIE HWY - SUITE 1204 AVENTURA, FL 33180 REAL ESTATE INVESTMENT	CLE II PRI	NCIPAL OFFICE Principal street address	N	failing address, if different is:
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Name a	nd Title:	Name and Title:			
Address		Address:		·	
	REGISTERED AGENT	sha anaisramad annus is.			
	Torida street address (P.O. Box NOT acceptable) of GFS TAX & ACCOUNTING SERVICES	ine registered agent is.		. A	
Name: Address:	11764 W SAMPLE RD STE 102		!	20 27	
,104,443.	CORAL SPRINGS, FL 33065			24.0C	المالي
ich og <u>ARTICLE VII</u>	INCORPORATOR			2024 OCT -9 PHIZ: 40	
The <u>name and a</u>	ddress of the incorporator is:		•	(3) [H	
Name:	GFS TAX & ACCOUNTING SERVICES			7: 1	
Address:	11764 W SAMPLE RD STE 102		j-	M 0	
	CORAL SPRINGS, FL 33065				
Effective date, it (If an effective filing.)	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and cannot	t be more than five days	prior	-	
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requireme	ents, thi	is date will not be lis	ited as
	med as registered agent to accept service of process fo familiar with and accept the appointment as registere				i in this
	Required Signature/Registered Agent		-	Date	
	cument and affirm that the facts stated herein are a Department of State constitutes a third degree felony				ed in a
Required Signat	ure/Incorporator		Date	<u> </u>	
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