

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	THE	BLUM	CORPORATION	
	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate

\$122.50

Filing Fee & Certified Copy **\$131.25**

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	JAMES A. BLUM				
_	Name (Printed or typed)				
	528 N. ORANGE AVE				
•	Address				
	DELAND FLORIDA 32720				
	DELAND, FLORIDA 32,720 City, State & Zip				
	·				
	904-736-9705				
	Daytime Telephone number				
	VIV. 46 4-5086				

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: THE BLUM CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

DELAND FLORIDA

528 N. ORANGE AVENUE

DECLAND, FC 32720

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAMES A. BLUM

528 N. ORANGE AVE.

DELAND, FL. 32720

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAMES A. BLUM

528. N. ORANGE AVE.

DELAND FC. 32720

Signature/Incorporator

5/(8/97

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date