Department of State Comporations P. O. Box 6327 Tellabasees, El. 22314

1auanassee, FL 32314					
SUBJECT:	Bloise In	n-ternation corporate name - must includ	nal Inc	<u>-</u>	
			200002! -05/19. *****	5294123 /9801074010 78.75 ***** 78.75	
Enclosed is an original a	nd one(1) copy of the articl	les of incorporation and a	check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	U\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PA KEÓÚIKED		
FROM:	FROM: Gary Bloise Numbe (Printed or typed)				
	14845 5.W. 178th Terres & 1				
	Address				
• =	Miani		187		
		Sune & Zip	2	FFLO F	

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

<u>;</u> ;_

Daytime Telephone number



FILED

98 MAY 19 AM 11:58

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

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
73. a		

The name of the corporation shall be:

Bloise International Inc

ARTICLE II PRINCIPAL OFFICE

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

14845 S.W. 178th ter, Miani Fr 33187

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gary Bicise

14845 SW 178th Ter-Marni FL 33187

ARTICLE Y INCORPORATOR

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

Gary Bloise

14845 SW 178th For Miami FL 33187

Law Blose Esignature/Incorporator

7

(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