

P25000005351

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BL USA SOLUTIONS CORP

Certificate of Status	0
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STANDARD

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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: BL USA SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6436 NW 5TH WAYFORT LAUDERDALE, FL 33309**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BARBARA DE LOS SANTOS DE LOS ANGELES - P

Name and Title: _____

Address 6436 NW 5TH WAY

Address: _____

FORT LAUDERDALE, FL 33309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BARBARA DE LOS SANTOS DE LOS ANGELES

Address: 6436 NW 5TH WAY

FORT LAUDERDALE, FL 33309

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: BARBARA DE LOS SANTOS DE LOS ANGELES

Address: 6436 NW 5TH WAY

FORT LAUDERDALE, FL 33309

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*

X

Required Signature/Registered Agent

01/28/2025

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.*

X

Required Signature/Incorporator

01/28/2025

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