

**72500005419**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC  
Account Number : I20230000151  
Phone : (305)595-2407  
Fax Number : (305)595-2408

**\*\*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  
BLAZE & BREW INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2025 JAN 31 AM 9:56

STATE OF FLORIDA

2025 JAN 31 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: BLAZE & BREW 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: MARIA E RUIZ  
Name (Printed or typed)  
10430 SW 145TH AVE  
Address  
MIAMI, FLORIDA 33183  
City, State & Zip  
305 595-2407  
Daytime Telephone number  
MARIAQUIROS9@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

**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: BLAZE & BREW INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10430 SW 145TH AVEMIAMI, FLORIDA 33186**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GABRIEL RUIZ, PRESIDENT

Name and Title: \_\_\_\_\_

Address

10430 SW 145TH AVE

Address: \_\_\_\_\_

MIAMI, FLORIDA 33186

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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TALLAHASSEE, FL

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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: GABRIEL RUIZ

Address: 10430 SW 145TH AVE

MIAMI, FLORIDA 33186

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GABRIEL RUIZ

Address: 10430 SW 145TH AVE

MIAMI, FLORIDA 33186

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/31/2025 (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*

<u>[Signature]</u>	<u>01/30/2025</u>
Required Signature/Registered Agent	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.*

<u>[Signature]</u>	<u>01/30/2025</u>
Required Signature/Incorporator	Date

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