

2/24/25, 9:23 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

BHB Business Consulting and Investments Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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FILE

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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: BHB Business Consulting and Investments Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address7901 4th St NSTE 300St. PetersburgFL33702

Mailing address, if different is:

7901 4th St NSTE 300St. PetersburgFL33702**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Fundraising, management, control, and administration of funds and contracts, both for its own business and on behalf of third parties, investment advisory and financial consulting services, Management and oversight of financial assets, investment portfolios, and strategic financial planning. Conducting business transactions, investment operations, and financial structuring on behalf of clients.

ARTICLE IV SHARESThe number of shares of stock is: 10000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HILDEMAR ALVES DA MOTTA DPTAddress: 7901 4th St N STE 300St. Petersburg, FL 33702Name and Title: VALDIR DE MOURA JUNIORAddress: 7901 4th St N STE 300St. Petersburg, FL 33702Name and Title: CARLOS EDUARDO BARCELOS AMARAL DAddress: 7901 4th St N STE 300St. Petersburg, FL 33702Name and Title: VICTOR ROQUE DA SILVA FILHO DAddress: 7901 4th St N STE 300St. Petersburg, FL 33702Name and Title: ANDRE NICOLAS DE SOUZA DUTRA DAddress: 7901 4th St N STE 300St. Petersburg, FL 33702

Name and Title: _____

Address: _____

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: Registered Agents Inc
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Jones
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

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

David Roberts

Required Signature/Registered Agent

02/24/2025

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.

Robin Jones

Required Signature/Incorporator

02/24/2025

Date