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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

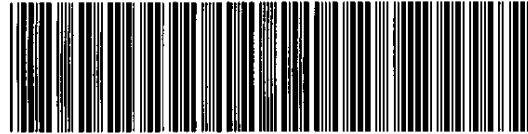
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG -4 AM 11:40

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J. Shivers AUG 06 2010

**COVER LETTER**

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

**SUBJECT:** Cohesive Blue, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael E. Neumann

Name (Printed or typed)

855 Cypress Lakeview Ct

Address

Tarpon Springs, FL 34688

City, State & Zip

727-492-3481

Daytime Telephone number

mneumann@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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:

Cohesive Blue, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

855 Cypress Lakeview Ct  
Tarpon Springs, FL 34688

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Manufacture, distribute, and sell products or services.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Michael Neumann, Sarah Neumann,  
Pres, 855 Cypress VPres, 855 Cypress  
Lakeview Ct., Tarpon Lakeview Ct., Tarpon  
Springs, FL 34688 Springs, FL 34688

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael E. Neumann  
855 Cypress Lakeview Ct  
Tarpon Springs, FL 34688

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael E. Neumann  
855 Cypress Lakeview Ct  
Tarpon Springs, FL 34688

\*\*\*\*\*

*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*

 \_\_\_\_\_  
MICHAEL NEUMANN

Signature/Registered Agent

7/28/10

Date

 \_\_\_\_\_  
MICHAEL NEUMANN

Signature/Incorporator

7/28/10

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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