

711000092967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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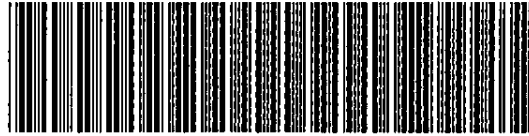
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 OCT 24 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

d. Shivers OCT 25 2011

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

SUBJECT: BLM Consulting, 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: Arthur Marubbio

Name (Printed or typed)

945 Arbormoor Place

Address

Lake Mary, FL 32746

City, State & Zip

321 527-8754

Daytime Telephone number

amarubbio@yahoo.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** BLM Consultants, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
945 Arbormoor Place  
Lake Mary, Florida ~~32746~~  
32746

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide consulting services and expertise in support of marketing, business development and proposal development in accordance with customer needs/requirements.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Arthur Marubbio, President  
Address: 945 Arbormoor Place  
Lake Mary, FL 32746

Name and Title: Beverly Marubbio, Vice President  
Address: 945 Arbormoor Place  
Lake Mary, FL 32746

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Richard A. Wollner, CPA PA  
Address: 1008 Woodall Drive  
Altamonte Springs FL 32714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Richard A. Wollner, CPA PA  
Address: 1008 Woodall Drive  
Altamonte Springs, FL 32714

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

Richard A. Wollner

Required Signature/Registered Agent

10/13/11

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.

Richard A. Wollner

Required Signature/Incorporator

10/13/11

Date

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