

N19000004693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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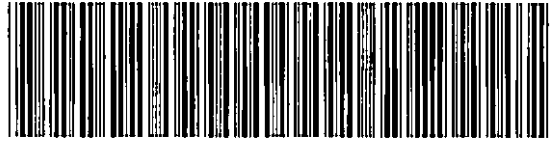
(Business Entity Name)

(Document Number)

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

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19 APR 29 PM 4: 27

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Blu Crystals Parties & Events Corp.  
(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: Kimberly Ballard  
Name (Printed or typed)  
5851 Summerlake Dr Apt #308  
Address  
DAVIE Florida 33314  
City, State & Zip  
(786) 326-7556  
Daytime Telephone number  
Kimberlyballard65@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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: Blu Crystal Parties 3 Events <sup>CC</sup>

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5851 Summerlake dr #308  
Davie Florida 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Party Planning and  
events and party rentals, trip advisor  
and tourist Guide.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Kimberly Ballard / CEO

Name and Title:

Address

5851 Summerlake Dr #308

Address:

Davie FL 33314

CEO

Name and Title: Gwendolyn Bright

Name and Title:

Address

2851 N.W. 22 St

Address:

Fort Lauderdale FL 33311

Asst. President

Name and Title:

Crystal Minna /

Name and Title:

Address

15455 NE. Gave

Address:

North Miami Beach

FL, 33162

Manger Member

FILED  
19 APR 29 PM 4:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Kimberly Ballard

Address: 5851 Summerlake Dr <sup>Apt</sup> #308  
Davie, Florida 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly Ballard

Address: 5851 Summerlake Dr <sup>Apt</sup> #308  
Davie, Florida 33314

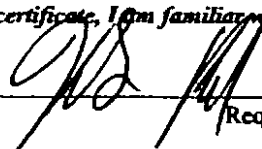
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

4/24/19  
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.*

  
Required Signature/Incorporator

4/24/19  
Date

**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: Blu Crystal parties & Events <sup>Co</sup>

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Principal street address

Mailing address, if different is:

5851 Summerlake dr #308  
Davie Florida 33314

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The number of shares of stock is: 100

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

Name and Title: Kimberly Ballard / CEO

Name and Title:

CEO / CFO

Address

5851 Summerlake Dr #308

Address:

Davie FL 33314

CEO

Name and Title: Gwendolyn Bright

Name and Title:

Manager Member

Address

2851 N.W. 22 St

Address:

Fort Lauderdale FL 33311

Asst. President

Name and Title:

Crystal Minna

Name and Title:

Manager Member

Address

15455 NE. 6 Ave

Address:

North Miami Beach  
FL, 33162

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

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

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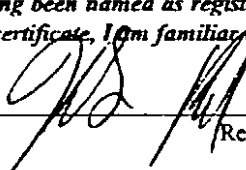
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