

N24000012396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

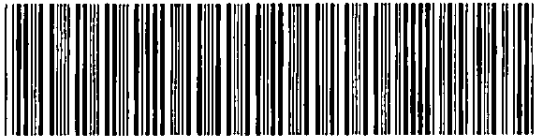
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000133957  
10-14-24

W24000133957  
10-14-24

Office Use Only



600436663656

02-15-21 11:54 AM #157

一  
 二  
 三  
 四

2024 OCT 14 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MS

mn



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2024

BARBARA GEFFRAND  
11582 SW VILLAGE PARKWAY  
UNIT #286  
PORT SAINT LUCIE, FL 34987 US

SUBJECT: BLUEPRINT BLOSSOM  
Ref. Number: W24000133957

We have received your document for BLUEPRINT BLOSSOM and check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 124A00021468

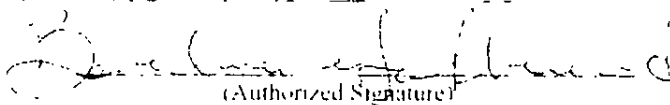
FILED  
2024 OCT 14 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned Barbara Geffrand Founder  
(Name) (Title)  
of Blueprint Blossom Corporation  
(Corporation Name) a foreign Corporation  
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 3rd 2023
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Chicago, Illinois- Secretary of State/ Dept of Business Services
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Blueprint Blossom Corporation
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Blueprint Blossom Corporation
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Chicago, Illinois- Secretary of State/ Dept of Business Services
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Founder of Blueprint Blossom Corporation  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have  
so this the 14th day of October 2024

  
(Authorized Signature)

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

2024 OCT 14 PM 3:38

FILED

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I      NAME**

The name of the corporation shall be:

**Blueprint Blossom Corporation**

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

11582 SW Village ParkwayUnit #286Port Saint Lucie, FL 34987

11582 SW Village ParkwayUnit #286Port Saint Lucie, FL 34987

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized:

"To empower women to flourish through engaging content, comprehensive curriculum, and a supportive community"

**FILED**  
**2024 OCT 14 PM 3:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Interview and selection process according to  
by law

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

The name(s) and address(es) and specific title(s):

Title/Name

Valerie Pullen Board Member

2812 Serenity Cir S Fort Pierce, FL 34981

Title/Name

Title/Name

Danielle Madsen Board Member

1801 N. Flager ave West Palm Beach FL 33407

Title/Name

Title/Name

Claudia Germain Board member

145 Mount Pleasant ave West Orange New Jersey 07052

Title/Name

FILED  
2024 OCT 14 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Registered Agents Inc

7901 4th Street N, Suite 300St.

Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:-

Barbara Geffrand

11582 SW Village Parkway Unit 286

Port Saint Lucie, FL 34987

\*\*\*\*\*  
*Having been named as registered agent and 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  
Signature/Registered Agent

Barbara Geffrand  
Signature/Incorporator

09/12/2024  
Date

9/12/2024  
Date

FILED  
2024 OCT 14 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA