

TRANSMITTAL LETTER

Department of State  
Division of Corporation  
P.O. Box 632  
Tallahassee, FL 32314

**SUBJECT:** BLU CO. INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

X \$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of Status

**ADDITIONAL COPY REQUIRED**

\$78.75  
Filing Fee &  
Certified Copy

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

8000003076109--3  
-12/21/99--01032--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**FROM:**

Julie R. Bluver  
NAME

P.O. Box 534  
ADDRESS

Port Richey, Florida 34673-0534  
CITY, STATE & ZIP

(727) 844-5376  
DAYTIME TELEPHONE NUMBER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN -7 PM 1:57

FILED

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

W99-29558

1/27/99  
7-06



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 29, 1999

JULIE R. BLUVER  
PO BOX 534  
PORT RICHEY, FL 34673-0534

SUBJECT: BLUCO, INC.  
Ref. Number: W99000029558

We have received your document for BLUCO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of 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) 487-6926.

Cheryl Gallmon-Case  
Document Specialist

Letter Number: 699A00060519

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation shall be: **BLUCD NOVELTIES, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**6221 West Port Dr. Port Richey FL 34668**

**ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100**

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

**Julie R. Bluver,**

**6221 West Port Dr. Port Richey FL 34668**

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

**Julie R. Bluver,**

**6221 West Port Dr. Port Richey FL 34668**

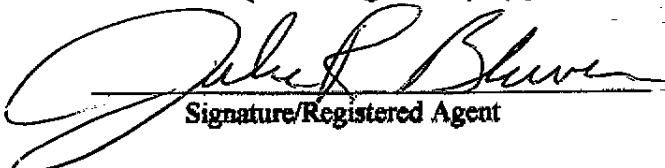
**ARTICLE VI: SPECIFIC PURPOSE**

The specific purpose of this corporation is wholesale/retail business.

  
Signature/Incorporator

**12/17/99**  
Date

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent

**12/17/99**  
Date

**FILED**  
00 JAN -7 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA