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814636/7875C

September 26, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Blue Stuff Pain Relief Inc.

Filing Evidence

☐ Plain/Confirmation Copy

☒ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Certificate of Fictitious Name

☐

FILED
SEP 26 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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RECEIVED
00 SEP 26 PM 12:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. SMITH SEP 26 2000

ARTICLES OF INCORPORATION
OF
BLUE STUFF PAIN RELIEF, INC.

FILED
00 SEP 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purposes of forming a corporation under the Florida Business Corporation Act, do hereby adopt the following Articles of Incorporation:

ARTICLE 1. NAME. The name of the Corporation is:

BLUE STUFF PAIN RELIEF, INC.

The address of the principal office of this Corporation shall be 2276 Wisteria Street, Sarasota, FL 34239, and the mailing address of the Corporation shall be the same.

ARTICLE 2. DURATION. The duration of the Corporation is perpetual.

ARTICLE 3. PURPOSE. The general purpose for which the Corporation is organized are the following:

A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act. No other purpose limits this general purpose in any way.

B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

ARTICLE 4. CAPITAL STOCK. The aggregate number of shares which the Corporation is authorized to issue is One Thousand (1,000) shares of common stock. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

ARTICLE 5. INITIAL REGISTERED OFFICE AND AGENT. The street address of the initial Registered Office of the Corporation is 2276 Wisteria Street, Sarasota, Florida 34239. The name of the initial Registered Agent of this Corporation at that address is: Jill E. Van Eps.

ARTICLE 6. INITIAL BOARD OF DIRECTORS. The number of Directors constituting the initial Board of Directors is one. The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one. The name and address of each initial Director of the Corporation as follows:

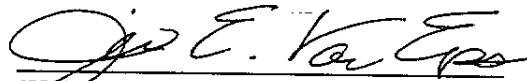
Jill E. Van Eps
2276 Wisteria Street
Sarasota, FL 34239

ARTICLE 7. INCORPORATORS. The name and address of each person signing these Articles of Incorporation as Incorporator is as follows:

Jill E. Van Eps
2276 Wisteria Street
Sarasota, FL 34239

ARTICLE 8. AMENDMENT. The Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 22 day of September, 2000.


JILL E. VAN EPS, Incorporator

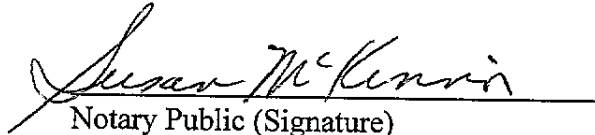
STATE OF FLORIDA
COUNTY OF SARASOTA

Before me personally appeared **JILL E. VAN EPS**, who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and she acknowledged to and before me that she executed said instrument for the purposes therein expressed. (Check One): ☒ Said persons are personally known to me ☐ Said persons provided the following type of identification _____

WITNESS my hand and official seal this 22 day of September, 2000.



Susan McKinnon
MY COMMISSION # CC899821 EXPIRES
February 3, 2004
BONDED THRU TROY FAIN INSURANCE, INC.



Notary Public (Signature)

Printed Notary Name

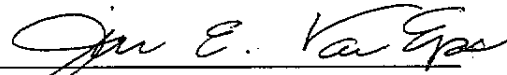
My Commission Expires: _____

My Commission No: _____

CERTIFICATE DESIGNATING THE ADDRESS AND
AN AGENT UPON WHOM PROCESS MAY BE SERVED

Having been named to accept service of process for **BLUE STUFF PAIN RELIEF, INC.**, at the place designated in its Articles of Incorporation, I agree to act in this capacity and to comply with the provisions of Section 607.0505 of the Florida Statutes.

Dated: September 22, 2000.


JILL E. VAN EPS,
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA