

P02000005447

TRANSMITTAL LETTER

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

100004770301-1
-01/14/02--01009--006
*****70.00 *****70.00

SUBJECT: Blue Groove, Inc.
(Proposed corporate name - must include suffix)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 11 PM 12:29

Enclosed is 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: Charles Orchowski
Name (Printed or typed)

2037 Misty Sunrise Trail
Address

Sarasota, FL 34240
City, State & Zip

(941)371-4676
Daytime Telephone number

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

fc

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:

Blue Groove, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2037 Misty Sunrise Tr.
Sarasota, FL 34240

ARTICLE III SHARES

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

50,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

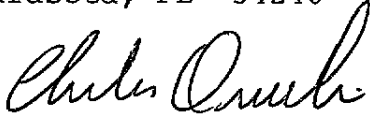
The name and Florida street address of the initial registered agent are:

Charles Orchowski
2037 Misty Sunrise Tr.
Sarasota, FL 34240

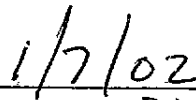
ARTICLE V INCORPORATOR

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

Charles Orchowski
2037 Misty Sunrise Tr.
Sarasota, FL 34240



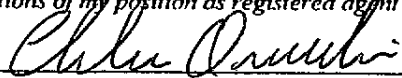
Signature/Incorporator



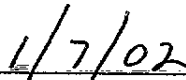
Date

(An additional article must be added if an effective date is requested.)

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



Date

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TALLAHASSEE, FLORIDA
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