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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

BLUE MOON SERVICES, INC.

| | |
|-----------------------|---------|
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H03000062412 9

ARTICLES OF INCORPORATION**OF****BLUE MOON SERVICES, INC.**

We, the undersigned subscribers of these Article of Incorporations, each a natural person competent to contract, do hereby associate ourselves together for the purpose of forming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the said State of Florida.

ARTICLE I
NAME

The name of the corporation shall be: **BLUE MOON SERVICES, INC.**

ARTICLE II
PURPOSE

This corporation may engage in or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state.

ARTICLE III
CAPITAL STOCK

The maximum shares of stock this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock, having a par value of one dollar (\$1.00) per share.

ARTICLE IV
INITIAL CAPITAL

The amount of capital with which this corporation shall begin business is \$100.

ARTICLE V
ADDRESS

The initial street address of the principal and registered office of the corporation shall be:
3044 Harbour Landing Way
Casselberry, FL 32707

ARTICLE VI
TERM

This corporation shall have perpetual existence.

H03000062412 9

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ARTICLE VII
DIRECTORS

The corporation shall have one director. The number of directors may be altered from time to time by the by-laws, but there shall never be less than one such director.

ARTICLE VIII
OFFICERS

The officers of this corporation shall be President, a Vice-President, a Secretary, a Treasurer, and such other officers or agents as may be provided for in the by-laws. All officers, agents and directors shall be chosen in such manner and hold their offices for such terms and shall have such powers and duties, and may be removed as may be provided, in the by-laws. Any person may hold two or more offices.

ARTICLE IX
INITIAL DIRECTORS

The names and post office addresses of the members of the first Board of Directors, who, subject to the provisions herein contained and the by-laws of the association, shall hold office until the first meeting of the association or as soon thereafter as successors are elected and have qualified, are the following:

| NAMES | ADDRESS |
|----------------|---|
| Albert Kamhi | 3044 Harbour Landing Way Casselberry, FL 32707 |
| Patricia Kamhi | 3044 Harbour Landing Way Casselberry, FL 32707 |

ARTICLE X
SUBSCRIBERS

The names and post office addresses of the subscriber hereof, the number of shares of stock each agrees to take, and the value of the considerations thereof, are:

| NAMES | ADDRESS | SHARES | VALUE |
|----------------|---|--------|----------|
| Albert Kamhi | 3044 Harbour Landing Way Casselberry, FL 32707 | 50 | \$ 50.00 |
| Patricia Kamhi | 3044 Harbour Landing Way Casselberry, FL 32707 | 50 | \$ 50.00 |

H03000062412 9

H03000062412 9

**ARTICLE XI
INCORPORATOR**

The name and address of the Incorporator is:

Albert Kamhi 2/24/2003
Signature of Incorporator Date

Albert Kamhi
3044 Harbour Landing Way
Casselberry, FL 32707

**ARTICLE XII
REGISTERED OFFICE AND REGISTERED AGENT**

Albert Kamhi, 3044 Harbour Landing Way, Casselberry, FL 32707, is designated as the agent to accept service of process within the State of Florida for the corporation.

I, Albert Kamhi, 3044 Harbour Landing Way, Casselberry, FL 32707, am familiar with and accept the duties and responsibilities as registered agent for BLUE MOON SERVICES, INC. as required by Florida State statute.

REGISTERED AGENT

Signature

Albert Kamhi

Registered Agent

Date

2/24/2003

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We, the undersigned, being the original subscriber of the capital stock herein named, hereunto set our hands at:

CITY OF LONGWOOD
STATE OF FLORIDA
COUNTY OF SEMINOLE

This 24th day of February, 2003.

Signature:

Peggy A. LaValle
PEGGY A. LAVALLE

Print Name



OFFICIAL SE
Peggy A. LaValle
DO# 034274
My Comm. expires June 2

H03000062412 9