P04000092556

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700037566507

06/09/04--01022--020 **70.00

64 개위 16 FEP: 16

404-20385

TRANSMITTAL LETTER

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

SUBJECT: Blue	Pass Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDESUEF X)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: P	atryk Babiak		
1 KOM	Name ((Printed or typed)	
	6300 Barton Creek Circle		
	A	ddress	
	Lake Worth, FL. 33463		
•	City,	State & Zip	
	561 642 0940		
	Dautime To	lenhone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 9, 2004

PATRYK BABIAK 6300 BARTON CREEK CIRCLE LAKE WORTH, FL 33463

SUBJECT: ACTIONS INC. Ref. Number: W04000022325

We have received your document for ACTIONS 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):

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 <u>not acceptable</u>.

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) 245-6878.

Alan Crum Document Specialist New Filings Section

Letter Number: 304A00039273

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Blue Pass Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6300 Barton Creek Circle Lake Worth, FL. 33463 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: To help customers find the lowest prices on various products in their area. ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): Patryk Babiak - president 6300 Barton Creek Circle Lake Worth, FL. 33463 REGISTERED AGENT The name and Florida street address of the registered agent is: Patryk Babiak 6300 Barton Creek Circle Lake Worth, FL. 33463 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Patryk Babiak 6300 Barton Creek Circle Lake Worth, FL. 33463

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

6-13-04 Date

6-13-04 Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

ARTICLES OF INCORPORATION