P05000026177

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ac | ldress) | |
| | | |
| (Ac | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | i |
| | | į |
| | | ĺ |
| | | - |
| | | } |
| | | Ì |
| | | |





000046620370

02/21/05--01055--025 **78.75

05 FEB 21 AM II: 59

SFEB 21 FSH: 5

~ /5-

TRANSMITTAL LETTER

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

| | (i ito oblib coil oili | <u></u> | 22232 | |
|--------------------------|-----------------------------------|----------------------------|------------------|--|
| | | | | |
| | | | | |
| Enclosed are an orig | inal and one (1) copy of the arti | icles of incorporation and | d a check for: | |
| | () 12 | | | |
| \$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 | |
| | | ADDITIONAL CO | Status | |
| | | ADDITIONAL CC | NI THE COLUMN | |
| | | | | |
| | | _ \ \ \ \ \ | 21 SSS | |
| EDOM | Taims 17 |) Yohne | | |
| FROM: | Name | (Printed or typed) | | |
|) I See a see | | | | |
| Panmon Cainal H | | | | |
| - | | Address | | |
| | Y 11 1 | 41 11 | _ | |
| | 131131735558 | F. Harida | 32310 | |
| City, State & Zip | | | | |
| (a) A way way | | | | |
| <u>(850) 445-5840</u> | | | | |
| Daytime Telephone number | | | | |

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

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 05 FEB 2 |
|--|---|
| ARTICLE I NAME The name of the corporation shall be: Blue VERUE, Inc. | SSEE. FLORID |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of business/mailing address is: Sold Medical Control of the principal place of the place of th | ommons Ct. xida 32310 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Real ESTOREM POUR AND LEASE RESIDENTIAL HUELINGS | esidential) 1-4 Tamipa |
| ARTICLE IV SHARES The number of shares of stock is: | |
| List name(s), address(es) and specific title(s): Sidert — Jaime M. Johne, Bell Medical Commons, Johne M. Wilson, Y.O. Box 380165 Tallahas resident and Screen address (P.O. Box NOT acceptable) of the register amen and Florida street address (P.O. Box NOT acceptable) of the register Medical Commons Cl. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Jaime M. Blue Blef Medical Commons Ch. Jaime M. Blef Medical Commons Ch. Ja | ered agent is: ********* ration at the place designated in this |
| Signature/Registered Agent | 02/21/2005 Date |
| Junature/Incorporator | 021,211,2005 |