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(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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SECHETARY OF STATE
SECHETARY OF STATE
ALLAHASSEE, FLORIDA

FIED

CB9-22-06

TRANSMITTAL LETTER

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

SUBJECT: BLU AL	LURE, INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orio	inal and one (1) copy of the arti	icles of incornoration and	l 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 CO	PY REQUIRED
FROM:	LAURA MONTANARO	(Printed or typed)	
	1140 NE 2ND STREET		
,		Address	
	POMPANO BEACH, Fi	L 33060 , State & Zip	
	954-785-2142	Polanhona number	

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

FIT ED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

06 SEP 22 PM 3: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BLU ALLURE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
5200 SW 6TH STREET
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DELIVERY SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRES- THOMAS FRASER, 5200 SW 6TH STREET, PLANTATION, FL 33317 TRES- THOMAS FRASER, 5200 SW 6TH STREET, PLANTATION, FL 33317 VPRES- DAVID FRASER, 5200 SW 6TH STREET, PLANTATON, FL 33317 SEC- DAVID FRASER, 5200 SW 6TH STREET, PLANTATION, FL 33317

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DAVID FRASER 5200 SW 6TH STREET PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAURA MONTANARO 1140 NE 2ND STREET POMPANO BEACH, FL 33060

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Data

1001

Signature/Incorporator

Date