

PO7000045340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

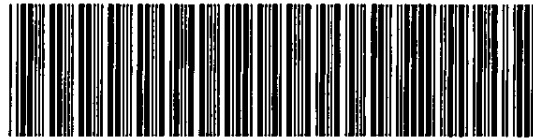
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED  
2007 APR 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 4-12

## COVER LETTER

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

**SUBJECT:** Blue Moon Executive Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** David LiBrace

Name (Printed or typed)

527 Orton Avenue, Suite 2

Address

Fort Lauderdale, FL 33304

City, State & Zip

954.563.4655

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE I NAME**

The name of the corporation shall be:

Blue Moon Executive Service, Inc

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

527 Orton Avenue, Suite 2, Fort Lauderdale, FL 33304

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Personal Shoppers and driving services

## **ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President - David LiBrace 527 Orton Avenue, Suite 2, Fort Lauderdale, FL 33304

Secretary - David LiBrace 527 Orton Avenue, Suite 2, Fort Lauderdale, FL 33304

## **ARTICLE VI REGISTERED AGENT**

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

David Friedeberg - 527 Orton Avenue, Suite 2, Fort Lauderdale, FL 33304

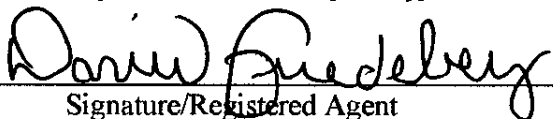
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David LiBrace 527 Orton Avenue, Suite 2, Fort Lauderdale, FL 33304

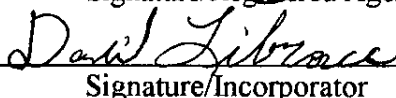
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Signature/Registered Agent

April 9, 2007

Date

  
Signature/Incorporator

April 9, 2007

Date