

PD7000107327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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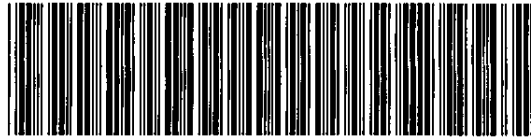
(Business Entity Name)

(Document Number)

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2007 SEP 27 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 9-27

COVER LETTER

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

SUBJECT: BLUELECTRA, 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: Ms. KARMON LUCAS
Name (Printed or typed)

3425 ANTON COURT
Address

NAPLES, FL. 34109
City, State & Zip

239-404-5565
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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ARTICLE I NAME

The name of the corporation shall be:

BLUELECTRA, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3425 ANTON CT.
NAPLES, FL. 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE AS A HAIR STYLIST

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ms. KARMON LUCAS
3425 ANTON CT.
NAPLES, FL. 34109

ARTICLE VI REGISTERED AGENT

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

Ms. KARMON LUCAS
3425 ANTON CT.
NAPLES, FL. 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ms. KARMON LUCAS
3425 ANTON CT.
NAPLES, FL. 34109

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

Signature/Incorporator

Date

Date