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# **COVER LETTER**

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

SUBJECT: BLAIN	LEGE, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee		✓ \$78.75 ☐ \$87.50  Filing Fee Filing Fee, & Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED
FROM: <u>B</u>	Name	(Printed or typed)
	9863 PALM VISTA WAY	Address
	BOCA RATON, FL. 33428	State & Zip
	561-674-4076 Daytime 3	Telephone number
	·	•
	NOTE: Diagramanida 41	The second of the articles

#### ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BLAIN LEGE, INC.

-08 SEP -8 PM 1: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9863 PALM VISTA WAY BOCA RATON, FL 33428

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

#### 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): BLAIN LEGE, PRESIDENT/OWNER 9863 PALM VISTA WAY BOCA RATON, FL 33428

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: BLAIN LEGE, PRESIDENT/OWNER 9863 PALM VISTA WAY

BOCA RATON, FL 33428

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: BLAIN LEGE, PRESIDENT/OWNER 9863 PALM VISTA WAY BOCA RATON, FL 33428

***********	***********
Having been named as registered agent to accept service of pre- certificate, I am familiar with and accept the appointment as regi	ocess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
& Blain Lege	9-4-08
Signature/Registered Agent	Date
/ Blan Leac	9-4-08
Signature/Incorporator	Date