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COVER LETTER

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

SUBJECT: BL	U SARDINIA, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	James A. Penta, Esquire Name ((Printed or typed)	
	6765 Milani Street	Address	· · · · · · · · · · · · · · · · · · ·
	Lake Worth, Florida 33467 City,	State & Zip	
	(561) 357 - 9762 Daytime T	elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

BLU SARDINIA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 5100 North Ocean Boulevard Sulte 911 and 913 Fort Lauderdale, Florida 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engage in the worldwide importation/exportation of the finest quality produce, foods of every kind and description, natural and formulated, spirits, beverages and minerals, natural and distilled,indigenous to Sardinla, Italy, and otherwise to carry on the general business of import/export in accordance with the laws of the State of Florida and the United States of America, and to conduct any other business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

2000 shares, no par value, common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kim Orsini - Penta , Pres.,Sec, Director 5100 North Ocean Boulevard Suite 911 and 913 Fort Lauderdale, Florida 33308 Pasquale Rau, CEO,Treasurer, Director Via Olbia, 1 (OT) 07022 Berchidda (OT) Sardinia, Italy

Date

ARTICLE VI REGISTERED AGENT

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

James A. Penta, Esquire 6765 Milani Street Lake Worth, Florida 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

James A. Penta, Esquire 6765 Milani Street Lake Worth, Florida 33467

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Having been named as registered agent to accept service of process for the	
certificate, I am familiar with and accept the appointment as registered agent	and agree to act in this capacity
anus & Jonda	12 - 12 -2008
Signature/Registered Agent	Date
James (Souta	12 -12 -2008