

P09000021513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

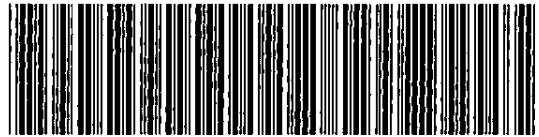
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Blue Line Products 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: Peggy Machin
Name (Printed or typed)

8305 SW 136 St
Address

Miami, FL 33156
City, State & Zip

786- 267-4550
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)

ARTICLE I NAME

The name of the corporation shall be:

Blue Line Products Inc.

ARTICLE II PRINCIPAL OFFICE

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

8305 SW 136 Street
Miami, FL 33156

mailing PO Box 562971
Miami, FL 33256

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):

Peggy Machin / Director
8305 SW 136 Street
Miami, FL 33156

Michael Torres
7110 Brighton Park Drive Suite 400-186
Charlotte, NC 28227

ARTICLE VI REGISTERED AGENT

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

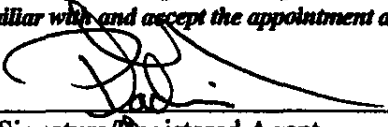
Peggy Machin
8305 SW 136 Street
Miami, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peggy Machin
8305 SW 136 Street
Miami, FL 33156

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

2/28/09

Date



Signature/Incorporator

2/28/09

Date

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STATE OF FLORIDA