

PI0000009156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

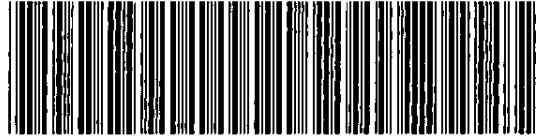
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900166946729

EFFECTIVE DATE

01-25-10

01/29/10--01037--016 **87.50

EFFECTIVE DATE
01-25-10

FILED

10 JAN 29 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-1-10 Ch

COVER LETTER

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

SUBJECT: BLUE LINE FLATBED 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: OLGA RAMONA VELIZ SALAZAR
Name (Printed or typed)

1923 NE 17th PL
Address

CAPE CORAL, FL. 33909
City, State & Zip

786-488-2632
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE: 01/25/10

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 FLATBED SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

1923 NE 17th PL
CAPE CORAL, FL. 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OLGA RAMONA VELIZ SALAZAR (PRESIDENT)
1923 NE 17th PL
CAPE CORAL, FL. 33909

ARTICLE VI REGISTERED AGENT

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

OLGA RAMONA VELIZ SALAZAR
1923 NE 17th PL
CAPE CORAL, FL. 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OLGA RAMONA VELIZ SALAZAR
1923 NE 17th PL
CAPE CORAL, FL. 33909

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

Olga Vel

Signature/Registered Agent

01/25/10

Date

Olga Vel

Signature/Incorporator

01/25/10

Date

FILED
10 JAN 29 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
01-25-10