

P10000027661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

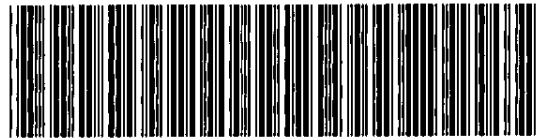
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/30/10--01001--016 \*\*70.00

RECEIVED  
10 MAR 29 PM 4:01  
DEPT. OF STATE  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
2010 MAR 29 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/30

**CORPDIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      **KATIE WONSCH**

**DATE:**            **03/29/2010**

**REF. #:**           **001268.122019**

**CORP. NAME:**   **BLUE SERVICE, INC.**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> ( XX ) ARTICLES OF INCORPORATION | <input type="checkbox"/> ( ) ARTICLES OF AMENDMENT  | <input type="checkbox"/> ( ) ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ( ) ANNUAL REPORT                           | <input type="checkbox"/> ( ) TRADEMARK/SERVICE MARK | <input type="checkbox"/> ( ) FICTITIOUS NAME         |
| <input type="checkbox"/> ( ) FOREIGN QUALIFICATION                   | <input type="checkbox"/> ( ) LIMITED PARTNERSHIP    | <input type="checkbox"/> ( ) LIMITED LIABILITY       |
| <input type="checkbox"/> ( ) REINSTATEMENT                           | <input type="checkbox"/> ( ) MERGER                 | <input type="checkbox"/> ( ) WITHDRAWAL              |
| <input type="checkbox"/> ( ) CERTIFICATE OF CANCELLATION             |   |  |
| <input type="checkbox"/> ( ) OTHER:                                  |   |  |

**STATE FEES PREPAID WITH CHECK# 1644 FOR \$ 70.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ( ) CERTIFIED COPY        | <input type="checkbox"/> ( ) CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> ( XX ) PLAIN STAMPED COPY |
| <input type="checkbox"/> ( ) CERTIFICATE OF STATUS |   |   |

Examiner's Initials

**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 Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

862 NE 111<sup>th</sup> Street, Biscayne Park, FL 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Shop Aesthetics Beauty

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Authorized, \$1.00 par value, 100 issued

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Vice President (50%) Gerardo J. Franco 3300 Bird Avenue #105, Miami, FL 33133

President (50%) Danilo DiMichele 862 NE 111<sup>th</sup> Street, Biscayne Park, FL 33161

**ARTICLE VI REGISTERED AGENT**

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

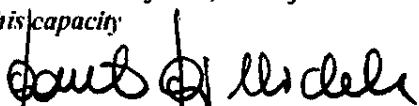
Danilo DiMichele 862 NE 111<sup>th</sup> Street, Biscayne Park, FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Nicole Sweigart 600 North 2<sup>nd</sup> St., Ste. 401, Harrisburg, PA 17108

\*\*\*\*\*  
*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

March 2nd, 2010

\_\_\_\_\_  
Date

3-2-10

\_\_\_\_\_  
Date:

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