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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

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## COVER LETTER

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

SUBJECT: Blue Squid Solutions, 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: Christine Kesselring

Name (Printed or typed)

3956 Town Center Blvd., Suite 490

Address

Orlando, FL 32837

City, State & Zip

407-944-3660

Daytime Telephone number

coco1214@cfl.rr.com

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

**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 Squid Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3261 Hawk's Nest Dr.  
Kissimmee, FL 34741

Mailing address, if different is:

3956 Town Center Blvd.  
Orlando, FL 32837

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title:	<u>Christine Kesselring, P. S</u>	Name and Title:	_____
Address:	<u>3261 Hawk's Nest Dr.</u>	Address:	_____
	<u>Kissimmee, FL 34741</u>		_____

Name and Title:	<u>Darrin Whipple, VP, T</u>	Name and Title:	_____
Address:	<u>3261 Hawk's Nest Dr.</u>	Address:	_____
	<u>Kissimmee, FL 34741</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Christine Kesselring  
Address: 3261 Hawk's Nest Dr.  
Kissimmee, FL 34741

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christine Kesselring  
Address: 3261 Hawk's Nest Dr.  
Kissimmee, FL 34741

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

Christine Kesselring  
Required Signature/Registered Agent

June 8, 2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Christine Kesselring  
Required Signature/Incorporator

June 8, 2011  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
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TALLAHASSEE, FLORIDA