

P/2000004865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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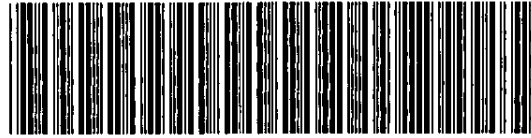
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 01/13/12

## COVER LETTER

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

**SUBJECT: BORON LUBRICANTS 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: William Olliges

Name (Printed or typed)

5027 SW Moore St.

Address

Palm City, FL 34990

City, State & Zip

772-486-4020

Daytime Telephone number

olliges@hotmail.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: Boron Lubricants Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5027 SW Moore St.  
Palm City, FL, 34990

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>William Olliges, CEO</u>	Name and Title: <u>Betty Olliges, President</u>
Address: <u>5027 SW Moore St.</u>	Address: <u>5027 SW Moore St.</u>
<u>Palm City, FL 34990</u>	<u>Palm City, FL 34990</u>

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

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: William Olliges  
Address: 5027 SW Moore St.  
Palm City, FL 34990

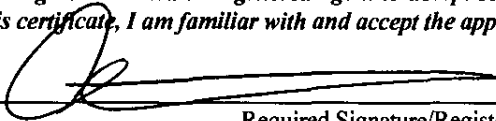
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Olliges  
Address: 5027 SW Moore St.  
Palm City, FL 34990

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*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*

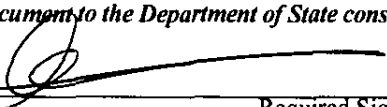


Required Signature/Registered Agent

Jan 09, 2014

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.*



Required Signature/Incorporator

Jan 09, 2014

Date