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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE HELIO INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR 22 AM 10:10

FILED

J. Shivers MAR 23 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 22 AM 7:59

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H/2000076073

ARTICLE I NAME BLUE HELIO INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4210 W. ROLAND ST
TAMPA, FL 33609

Mailing address, if different is:

SAME

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 @ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: ALAN WILLIAMSON
Address: 4210 W. ROLAND ST
TAMPA, FL 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALAN WILLIAMSON
Address: 4210 W. ROLAND ST
TAMPA, FL 33609


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

03/22/2012

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

03/22/2012

Date

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TALLAHASSEE, FLORIDA

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