

P12000673367

(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



300238806743

08/27/12--01049--013 **78.78

FILING CANCELLED
RETURNED CHECK

FILED
12 AUG 27 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 28 2012

COVER LETTER

**FILING CANCELLED
RETURNED CHECK**

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

SUBJECT: Blue Water Farms South 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: Marilyn Buchalter

Name (Printed or typed)

9810 Sw 2nd St.

Address

Plantation Florida 33324

City, State & Zip

954-600-0451

Daytime Telephone number

bluewaterfarm33@hotmail.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 27 AM 10:30

FILED

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 Water Farms South Inc. MB

**FILING CANCELLED
RETURNED CHECK**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1101 Hiatus Rd N.

Plantation FL 33324

Mailing address, if different is:

9810 Sw 2nd St.

Plantation FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Horse training facility and camp

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Buchalter President

Address: 9810 Sw 2nd St.

Plantation, FL 33324

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marilyn Buchalter

Address: 9810 SW 2nd St

Plantation FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Buchalter

Address: 9810 Sw 2nd St

Plantation FL 33324

FILED
12 AUG 27 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

10/19/12

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

10/19/12

Date