

P12000080677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

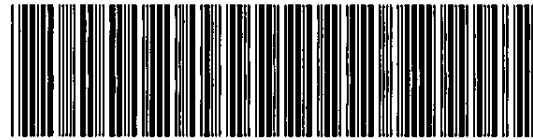
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
9/24/12

## COVER LETTER

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

SUBJECT: Blue But Farms  
(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: \_\_\_\_\_  
Name (Printed or typed)

Nettie Davis, Inc.  
846 SW Main Blvd.  
Lake City, FL 32025 Address

\_\_\_\_\_  
City, State & Zip

386-752-4576

Daytime Telephone number

diehardchief58@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

Division of Corporations  
Tallahassee Florida

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I am requesting that my corporation name of Blue But Farms Inc  
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

A handwritten signature in black ink, appearing to be "E. [unclear]", written over a horizontal line.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Blue Butt Farms Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

846 SW Main Blvd

Suite 2

LAKE CITY FL 32025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any & All Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is:

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

Name and Title: Leslie S Peelen / Pres

Address: 846 SW Main Blvd #2

LAKE CITY FL 32025

Name and Title: Justin Peelen

Address: 846 SW Main Blvd #2

LAKE CITY FL 32025

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: Leslie S Peelen

Address: 846 SW Main Blvd #2

LAKE CITY FL 32025

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nettie Davis, Inc.

Address: 846 SW Main Blvd.

LAKE CITY, FL 32025

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

9/17/12  
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.

Nettie Davis  
Required Signature/Incorporator

9/17/12  
Date