

PI2000081916

(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



200240013882

09/26/12--01029--013 **70.00

FILED

12 SEP 26 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/27/12

COVER LETTER

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

SUBJECT: Blue Gecko, 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: W. Rodgers Moore, P.A.

Name (Printed or typed)

1900 Glades Rd., Suite 401

Address

Boca Raton, FL 33431

City, State & Zip

561-394-7944

Daytime Telephone number

wrmooreslaw@gmail.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)

FILED

12 SEP 26 PM 12: 23

ARTICLE I NAME

Blue Gecko, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

8297 Championsgate Blvd., #309
Championsgate, FL 33896

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different than above:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares \$.001 par value

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: W. Rodgers Moore, P.A.
Address: 1900 Glades Rd., Suite 401
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W. Rodgers Moore, P.A.
Address: 1900 Glades Rd., Suite 401
Boca Raton, FL 33431

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

by W. Rodgers Moore, P.A.
[Signature], President
Required Signature/Registered Agent

9/24/2014
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.

W. Rodgers Moore, P.A.
by [Signature], President
Required Signature/Incorporator

9/24/2014
Date