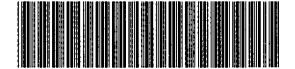
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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
operat metractions to	Timing Children	•
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Office Use Only



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COVER LETTER

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)

nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED

OΜ	Marilyn Buchalter
.0141	Name (Printed or typed)
	9810 Sw 2nd St.
	Address
	Plantation Fl. 33324
	City, State & Zip
	(954) 600-0451
	Daytime Telephone number
	bwfiea33@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)
SECRE FARY OF STATE DIVISION OF CORPORATIONS

	ME Blue Water Farm		13 MAR - 7 PM
ICLE II PR	INCIPAL OFFICE Principal street address	Mailing add	lress, if different is:
01 old Hiat	us Rd	9810 Sw 2n	
antation Fl.	33323	Plantation, I	FI. 33324
TICLE III PUI ourpose for which	PPOSE the corporation is organized is:	nduct an equestria	an business.
,			
TICLE IV SH	ARES 100		
ICLE V IN	TIAL OFFICERS AND/OR DIRECTOR		
ICLE V IN	tial officers and/or director e. Marilyn Buchalter / pres		
ICLE V IN	TIAL OFFICERS AND/OR DIRECTOR		
TCLE V IN	tial officers and/or director e. Marilyn Buchalter / pres 9810 sw 2nd st	Name and Title:	
Name and Tit Address	tial officers and/or director e. Marilyn Buchalter / pres 9810 sw 2nd st	Name and Title: Address:	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR e. Marilyn Buchalter / pres 9810 sw 2nd st Plantation fl. 33324	Name and Title: Address: Name and Title:	
Name and Tit Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR e. Marilyn Buchalter / pres 9810 sw 2nd st Plantation fl. 33324	Name and Title: Address: Name and Title: Address:	
Name and Tit Address Name and Title Address	Marilyn Buchalter / presented by the second state of the second st	Name and Title: Address: Name and Title: Address:	

Name and	Title:	Name and Title:	13 MAR - 7 PM 2: 34
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
	 		
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered egent is:	
Name:	Marilyn Buchalter	the registered agent is.	
Address:	9810 SW 2nd St		
	Plantation Fl. 33324		
ARTICLE VII	INCORPORATOR		
The name and add	<u>Iress</u> of the Incorporator is:		
Name:	Marilyn Buchalter		
Address:	9810 SW 2nd St		
	Plantation Fl. 33324		
this certificate, I as	ed as registered agent to accept service of process in familiar with and accept the appointment as region and accept the appointment as region and affirm that the facts stated herein are to be partment of State constitutes a third degree felong	istered agent and agree to	act in this capacity $ \frac{3}{13} \frac{13}{13} $ Date false information submitted in a
11 Jaril	Required Signature/Incorporator		$\frac{3}{3}/\frac{3}{13}$