P1300042697

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cid	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

691-W13000024381



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13 MAY 13 FH 4: 39

5/14/13

COVER LETTER

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

ed are an orig	inal and one (1) copy of the art	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
FROM: IVA	ncy E. Loehr	a (Printed or temad)	<u> </u>
FROM: Na		e (Printed or typed)	
	Nam 6 Skimmer Pt Blvd		
	Nam 6 Skimmer Pt Blvd	e (Printed or typed) Address	
590	Nam 6 Skimmer Pt Blvd fport,FL 33707	Address	
590	Nam 6 Skimmer Pt Blvd fport,FL 33707		
<u>590</u>	Nam 06 Skimmer Pt Blvd fport,FL 33707 City,	Address State & Zip	
<u>590</u>	Nam 06 Skimmer Pt Blvd fport,FL 33707 City,	Address	
590 Gul	Nam 26 Skimmer Pt Blvd fport,FL 33707 City, 2 688-8184 Daytime 1	Address State & Zip	

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



RECEIVED

13 HAY 13 AM 10: 56

FLORIDA DEPARTMENT OF STATER OF CORPORATIONS Division of Corporations

April 25, 2013

NANCY E. LOEHR 5906 SKIMMER PT BLVD. GULFPORT, FL 33707

SUBJECT: BLT SOLUTIONS, INC Ref. Number: W13000024381

We have received your document for BLT SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the name and addresses of each officer and director.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 613A00010040

13 MAY 13 PM L: I.O

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

The name of the corp	poration shall be: BLT Solutions, Inc		FILED SECRETARY OF STATE
	PRINCIPAL OFFICE		SECRETARY OF STATE DIVISION OF CORPORATION
OOC Olderen de	Principal street address		Mailing address if different is: FM 4: 40
906 Skimmer	Pt Blvd Gulfport, FL 33707		
·-··			
· · · · · · · · · · · · · · · · · · ·	,		
ARTICLE III P	URPOSE ch the corporation is organized is: Health Ca	are developi	ment and marketing healthy produc
ne purpose for will	on the corporation is organized is.		
	1.00		
			
**************************************		**	
			19-19-A
ARTICLE IV S	SHARES		
The number of shares	SHARES s of stock is: 200 SHARES /		eoually was
The number of shares		<u>RS</u>	/
The number of shares	NITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	ebually Now Notes that the state of the stat
The number of shares ARTICLE V I Name and 1	NITIAL OFFICERS AND/OR DIRECTOR	RS _ Name and Ti	j _{itle:} Dr. Jeanne Bangtson 5906 Skimmer Pt Blvd
The number of shares ARTICLE V I Name and I	NITIAL OFFICERS AND/OR DIRECTOR Fitle: Dr. Leah Teekell-Taylor 945 Hemingway Circle	RS _ Name and Ti	5906 Skimmer Pt Blvd Gulfport, FL 33707
The number of shares ARTICLE V Name and T Address	Pritte: Dr. Leah Teekell-Taylor 945 Hemingway Circle Tampa, FL 33606	RS Name and Ti Address:	5906 Skimmer Pt Blvd Gulfport, FL 33707 50 Shows
Name and To	MITIAL OFFICERS AND/OR DIRECTOR Title: Dr. Leah Teekell-Taylor 945 Hemingway Circle Tampa, FL 33606	RS Name and Ti Address: Name and Ti	5906 Skimmer Pt Blvd Gulfport, FL 33707
The number of shares ARTICLE V Name and T Address	MITIAL OFFICERS AND/OR DIRECTOR 10 11 11 11 11 11 11 11 11 11 11 11 11 1	RS Name and Ti Address:	So Shows None Bangtson 5906 Skimmer Pt Blvd Gulfport, FL 33707 50 Shows None Part of Taylor Gust Heminsway Circle
Name and To	MITIAL OFFICERS AND/OR DIRECTOR Title: Dr. Leah Teekell-Taylor 945 Hemingway Circle Tampa, FL 33606 MOD 50 Shares IIII	RS Name and Ti Address: Name and Ti	5906 Skimmer Pt Blvd Gulfport, FL 33707 50 Shows
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Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fr</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Nancy E. Loehr	
Address:	5906 Skimmer Pt. Blvd	SE SE
	Gulfport, FL 33707	HAY I
		3 787
ARTICLE VII	INCORPORATOR	PM PM
The name and ad	dress of the Incorporator is:	OP 4: 40
Name:	NANCY E. LOEW SGOB SKIMME PT BI	TIONS
Address:	5906 SKimme P B1	νĆ
	GULPINT 72 33707	
Having been nam	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
/VC	Zha I	4/22/2013
0	Required Signature/Registered Agent	Date
I submit this doci	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	
1 /a	E dola	4/22/2013
	Required Signature/Incorporator	Date