

PK4000019793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

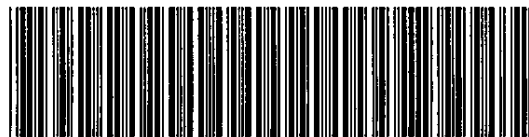
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/14--01035--009 **78.75

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14 MAR -3 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 34

COVER LETTER

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

SUBJECT: CAPTURE BLUE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SJ COOPER & ASSOCIATES

Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366

Address

NAPLES, FL 34104

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjcfinance.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)

ARTICLE I NAME

The name of the corporation shall be: **CAPTURE BLUE INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

3269 STURGEON BAY COURT

NAPLES, FL 34120

Mailing address, if different is:

C/O LYNN BLOODGOOD

3269 STURGEON BAY COURT

NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **A PROFESSIONAL PHOTOGRAPHY CORPORATION.**

14 MAR -3 PM 4:06
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DEVIN DOYLE, President** Name and Title:

Address **190 BEDFORD AVE** Address:

151

BROOKLYN, N.Y. 11249

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

(conti.)

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: STEVEN COOPER

Address: 4001 SANTA BARBARA BLVD # 366

NAPLES, FL 34104

14 MAR -3 PM 4:06
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

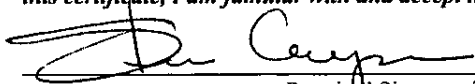
The name and address of the Incorporator is:

Name: STEVEN COOPER

Address: 4001 SANTA BARBARA BLVD # 366

NAPLES, FL 34104

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

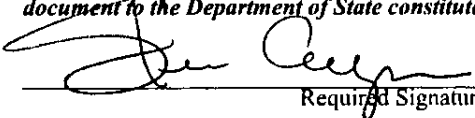


Required Signature/Registered Agent

02/26/2014

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.



Required Signature/Incorporator

02/26/2014

Date