

P140120037994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

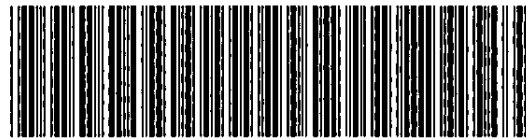
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Blue Level Technologies, 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: Robert A Ciulla

Name (Printed or typed)

3778 Timberlake Drive

Address

Richfield, OH 44286

City, State & Zip

330-523-5300

Daytime Telephone number

bob@herschall.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: Bluelevel Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3778 Timberlake Drive

Richfield, OH 44186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be
formed under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 750

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A Ciulla Pres/Treas

Name and Title: _____

Address 3778 Timberlake Dr

Address: _____

Richfield, OH 44286

Name and Title: Joseph F Ciulla Secretary

Name and Title: _____

Address 635 Via Mezner #901

Address: _____

Naples, FL 34108

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(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: Joseph F Ciulla
Address: 635 Via Mezner #901
Naples FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph F Ciulla
Address: 635 Via Mezner #901
Naples FL 34108

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

Joseph F Ciulla
Required Signature/Registered Agent

4/24/14
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.

Joseph F Ciulla
Required Signature/Incorporator

4/24/14
Date

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