

P140000 39502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

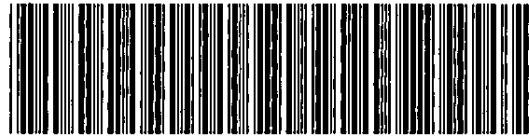
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

TS 5/6/14



600258975746

04/29/14--01002--007 **78.75

11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 29 AM 11:43

COVER LETTER

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

SUBJECT: **BLUEBERRY JUNKIES, 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: **LLYNETTE SHIRAZI**

Name (Printed or typed)

7855 SW 195 TERRACE

Address

MIAMI, FLORIDA 33157

City, State & Zip

305-607-0668

Daytime Telephone number

wajih15@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)

ARTICLE I NAME

The name of the corporation shall be:

BLUEBERRY JUNKIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7855 SW 195 Terrace

Miami, Florida 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clothing & Accessory Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Llynnette Shirazi, President**

Name and Title: **Wajih Shirazi, Vice President**

Address **7855 SW 195 Terrace**

Address: **7855 SW 195 Terrace**

Miami, Florida 33157

Miami, Florida 33157

50 Shares

50 Shares

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 29 AM 11:46

(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:

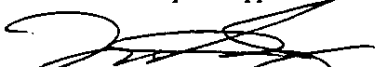
Name: Wajih Shirazi
Address: 7855 SW 195 Terrace
Miami, Florida 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wajih Shirazi
Address: 7855 SW 195 Terrace
Miami, Florida 33157

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

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.


Required Signature/Incorporator

4/24/14
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 29 AM 11:44