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(Requestor's Name)

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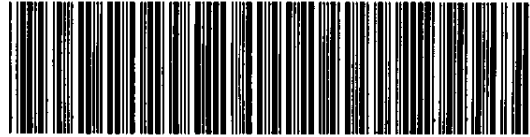
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 APR 11 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan APR 14 2016

March 27th, 2016

FLORIDA DEPARTMENT OF STATE  
New Filing Section  
Division of Corporation  
PO BOX 6327  
TALLAHASSEE, FL 32314

Ref: Blue Paradise Grooming Inc  
NO reinstatement - Release of the Corp Name  
Filing New Articles of Incorporation

Dear Sirs:

BLUE PARADISE GROOMING INC (Document Number P11000036465) did not file its 2015 Annual Report and the corporation appears as Inactive "Admin Dissolution for Annual Report". We will not reinstate the entity and we are releasing its name to be used. Consequently, we are registering BLUE PARADISE GROOMING INC under the same characteristics. Please find Articles of Incorporation and payment attached.

We apologize for the inconvenience. If you have any question, please contact us at 786-879-3830

Thanks again for your help.

Sincerely,



CLAUDIA ORDONEZ  
President  
BLUE PARADISE GROOMING INC.

## COVER LETTER

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

**SUBJECT:** BLUE PARADISE GROOMING, 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:** 2GB ACCOUNTING INC / MILUSKA BERROCAL

Name (Printed or typed)

15463 SW 86 TERRACE

Address

MIAMI, FL 33193

City, State & Zip

305-519-6768

Daytime Telephone number

2GB.MBERROCAL@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: BLUE PARADISE GROOMING, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

20405 SW 122 AVE

SUITE 203

MIAMI, FL 33177

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLAUDIA ORDONEZ - PRESIDENT

Name and Title: \_\_\_\_\_

Address 20405 SW 122 AVE

Address: \_\_\_\_\_

SUITE 203

MIAMI, FL 33177

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: CLAUDIA ORDONEZ \_\_\_\_\_

Address: 20405 SW 122 AVE SUITE 203 \_\_\_\_\_

MIAMI, FL 33177 \_\_\_\_\_

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CLAUDIA ORDONEZ \_\_\_\_\_

Address: 20405 SW 122 AVE SUITE 203 \_\_\_\_\_

MIAMI, FL 33177 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/31/2016 \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Claudia Ordonez*  
\_\_\_\_\_  
Required Signature/Registered Agent

03/31/2016  
\_\_\_\_\_  
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.*

*Claudia Ordonez*  
\_\_\_\_\_  
Required Signature/Incorporator

03/31/2016  
\_\_\_\_\_  
Date