P17000035393

(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



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APR 19 2017

COVER LETTER *

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

SUBJECT:	No Bull Blue	LLC TE NAME – <u>MUST INCL</u>		
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed 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 & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
	Alan Greenste Nam 14559 Drafthors			
	Wellington, FL City	33414 State & Zip		
	561 779 5283 Daytime 1	Telephone number		
	Ogreenstein 710 g	ed 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)

The name of the corporat	ion shall be: NO BULL BL	re LLC		
RTICLE II PRINCIPAL OFFICE Principal street address		Mailing :	Mailing address, if different is:	
14559 Dro	.Feborse lane			
. 1	FL 33414			
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is:			
DISTribution	+ development,			
ARTICLE IV SHARE. The number of shares of s	SS Stock is: 100		17 APR 17	
	L OFFICERS AND/OR DIRECTORS			
	: Alan Greenstein		ြုံး <u>မှ</u> မြို့ <u>=</u>	
	14.559 Drofthorse lane		7-10-	
	Wellington, FL 3341L			
Name and Title:	Patrick Noble UP	Name and Title:		
	6457 Ellis kine			
	loxabatchee, Fl 334.71	O		
Name and Title:		Name and Title:		
Address		Address:		

Name an	nd Title:	Name and Title:	
Address	5	_ Address:	
			
	REGISTERED AGENT forida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Alan Greenstein	-	
Address:	14559 Droftborse lane	_	
	Wellington, FL 33414		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		MALL ARR
Name:	Akm Greenstein	-	
Address:	14559 Drafthorse kune	_	
	Wellington, Fl 33414	-	<u>ب</u> <u>=</u>
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cannot		or or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements,	this date will not be listed as
	med as registered agent to accept service of proces. am familiar with and accept the appointment as re		
	Required Signature/Registered Agent		4/13/17
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor		
	incent		4)13/17
Requ	iirett Signature/Incorporator		Date