

P170000 45219

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE MOUNTAIN CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
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**N. SAMS
MAY 23 2017**

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17 MAY 22 PM 3: 14

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TAULAHASSEE, FLORIDA

ARTICLE I NAME BLUE MOUNTAIN CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

ANA M PAZ LONDONO

1914 SW 9 AVE

FT LAUDERDALE, FL, 33315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL STATE SERVICES

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA M PAZ LONDONO (DIRECTOR)

Name and Title:

Address

1914 SW 9 AVE

Address:

FT LAUDERDALE, FL, 33315

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ Address: TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANA M PAZ LONDONO (DIRECTOR)
Address: 1914 SW 9 AVE
FT LAUDERDALE, FL, 33315

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA M PAZ LONDONO
Address: 1914 SW 9 AVE
FT LAUDERDALE FL 33315

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Notes: 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

[Signature] Required Signature/Registered Agent 05/15/2017 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.

[Signature] Required Signature/Incorporator 05/15/2017 Date