

7317000072179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

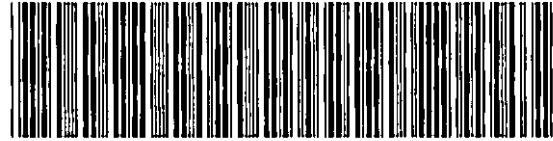
(Business Entity Name)

(Document Number)

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17 AUG 29 PM 2:13  
STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 08/24/17

08/29/17

## COVER LETTER

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

**SUBJECT:** BLUE OCEAN SHOWER DOORS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** SYLVIA ALVAREZ

Name (Printed or typed)

917 PALMETTO AVE

Address

LEHIGH ACRES, FL 33972

City, State & Zip

239-645-0375

Daytime Telephone number

SYLVIAALVAREZ01@MSN.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 OCEAN SHOWER DOORS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
917 PALMETTO AVE

LEHIGH ACRES, FL 33972

Mailing address, if different is:

**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: 1000

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

Name and Title: SYLVIA ALVAREZ / PRESIDENT

Address: 917 PALMETTO AVE

LEHIGH ACRES, FL 336972

Name and Title: ROBERTO FLORES / VICE PRES

Address: 917 PALMETTO AVE

LEHIGH ACRES, FL 33972

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

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: SYLVIA ALVAREZ

Address: 917 PALMETTO AVE

LEHIGH ACRES FL 33972

**ARTICLE VII INCORPORATOR**

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

Name: SYLVIA ALVAREZ

Address: 917 PALMETTO AVE

LEHIGH ACRES, FL 33972

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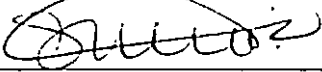
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/24/2017 (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.)

**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*




Required Signature/Registered Agent

08/24/2017

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.*



Required Signature/Incorporator

08/24/2017

Date