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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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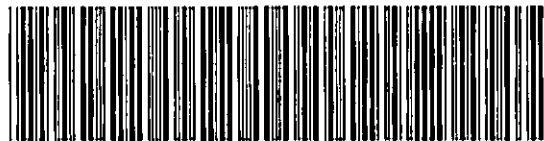
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** INDIGO'S INCORPORATED

(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: HUI JUAN WU  
\_\_\_\_\_  
Name (Printed or typed)

615 NW 32nd PLACE  
\_\_\_\_\_  
Address

GAINESVILLE, FL 32609  
\_\_\_\_\_  
City, State & Zip

352-281-5932  
\_\_\_\_\_  
Daytime Telephone number

INDIGO1953@HOTMAIL.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: INDIGO'S INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
615 NW 32nd Place, Gainesville, FL 32609

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activities or businesses permitted under the laws of the United States and Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Hui Juan Wu: President

Address: 615 NW 32nd Place  
Gainesville, FL 32609

Name and Title:

Address:

Name and Title: Hui Juan Wu: Secretary / Treasurer

Address: 615 NW 32nd Place  
Gainesville, FL 32609

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE  
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: Hui Juan Wu  
Address: 615 NW 32nd Place  
Gainesville, FL 32609

**ARTICLE VII INCORPORATOR**

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

Name: Hui Juan Wu  
Address: 615 NW 32nd Place  
Gainesville, FL 32609

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1st, 2019 (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*

Hui Juan Wu 11/01/2018  
Required Signature/Registered Agent 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.*

Hui Juan Wu 11/01/2018  
Required Signature/Incorporator Date