

P19000048399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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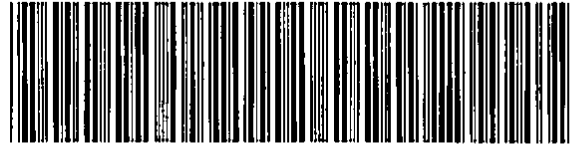
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

W1900042116

JUN 17 2019



400327953004

04/18/19--01018--001 4.75.75

FILED

2019 JUN 14 PM 3:50



2019 MAY 11 PM 12:21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2019

DICK POCZCIWINSKI  
290 174 ST APT 1515  
SUNNY ISLES BEACH, FL 33160

SUBJECT: BLUE PLANET DISTRIBUTORS CORP  
Ref. Number: W19000042116

We have received your document for BLUE PLANET DISTRIBUTORS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 719A00008618

## COVER LETTER

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

**SUBJECT:** BLUE PLANET DISTRIBUTORS CORP  
(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:** DICK POCZCIWINSKI  
\_\_\_\_\_  
Name (Printed or typed)  
  
290 174 ST APT 1515  
\_\_\_\_\_  
Address  
  
SUNNY ISLES BEACH  
\_\_\_\_\_  
City, State & Zip  
  
1 954 562 2442  
\_\_\_\_\_  
Daytime Telephone number  
  
DICK73@BELLSOUTH.NET  
\_\_\_\_\_  
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**      BLUE PLANET DISTRIBUTORS CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: \_\_\_\_\_

290 174 ST # 1515

SUNNY ISLES BEACH

FL 33160

**ARTICLE III PURPOSE**      BROKER RESELLER  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**      100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: DICK POCZCIWINSKI PRES

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

Address      290 174 ST APT 1515

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

SUNNY ISLES BEACH

FL 33160

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: DICK POCZCIWINSKI  
Address: 290 174 ST APT 1515  
SUNNY ISLES BEACH FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

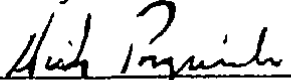
Name: DICK POCZCIWINSKI  
Address: 290 174 ST # 1515  
SUNNY ISLES BEACH FL 33160

**ARTICLE VIII EFFECTIVE DATE:** 4/9/2019 (OPTIONAL)  
Effective date, if other than the date of filing: \_\_\_\_\_

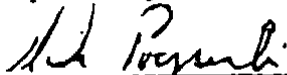
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 4/9/2019  
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.*

 4/9/2019  
Required Signature/Incorporator Date