

P19000050986

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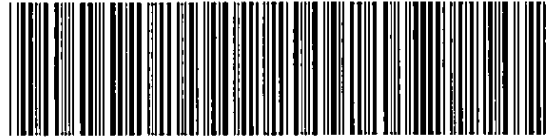
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JUN 25 2019



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19 JUN 25 PM 3:21
JUN 25 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 820489 8277481

AUTHORIZATION :



COST LIMIT : \$ 78.00

ORDER DATE : June 25, 2019

ORDER TIME : 1:08 PM

ORDER NO. : 820489-001

CUSTOMER NO: 8277481

DOMESTIC FILING

NAME: BLUE PANDA CONSULTING CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

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 PANDA CONSULTING CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
15972 SW 15th Street

Mailing address, if different is:

Pembroke Pines, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judd Brazer, Director Name and Title: _____

Address 15972 SW 15th Street Address: _____

Pembroke Pines, FL 33027 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF CIRCUIT COURT
DADE COUNTY, 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: Judd Brazer

Address: 15972 SW 15th Street

Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

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

Name: Judd Brazer

Address: 15972 SW 15th Street

Pembroke Pines, FL 33027

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.)

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

By: 
Required Signature/Registered Agent

6/25/19

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

6/25/19

Date

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CLERK OF THE
SOLICITOR GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA