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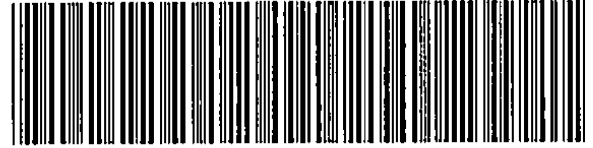
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUL 26 PM 4:50

FILED
19 JUL 26 PM 3:18
IN MISSOURI
U.S. DISTRICT COURT

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 7/26/2019

****WALK IN***

ENTITY NAME BLUE DOT FINANCIAL CORP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

CHECK # 6403

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: BLUE DOT FINANCIAL 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dolores Burton-c/o United Corporate Services, Inc.

Name (Printed or typed)

100 State Street, Suite 800

Address

Albany, NY 12207

City, State & Zip

877-894-9049 ext 217

Daytime Telephone number

ajsajjaji@yahoo.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 Dot Financial corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
105 MLK Boulevard N.W.

Mailing address, if different is:

Winter Haven, Florida 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity permitted by law.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Johnson-President

Name and Title:

Address 105 MLK Boulevard N.W.

Address:

Winter Haven, Florida 33881

Name and Title: Aaron Johnson-Director

Name and Title:

Address 105 MLK Boulevard N.W.

Address:

Winter Haven, Florida 33881

Name and Title:

Name and Title:

Address

Address:

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19 JUL 26 PM 3:19
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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: Aaron Johnson

Address: 105 MLK Boulevard N.W.

Winter Haven, Florida 33881

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aaron Johnson

Address: 105 MLK Boulevard N.W.

Winter Haven, Florida 33881

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:

/s/ Aaron Johnson
Required Signature/Registered Agent

7/26/19
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.

/s/ Aaron Johnson
Required Signature/Incorporator

7/26/19
Date

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AT CLERK OF STATE
TALLAHASSEE FLORIDA