

P20000011319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

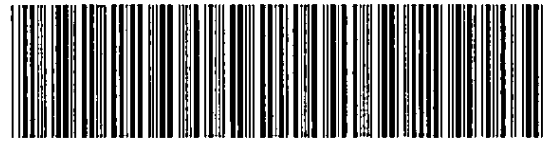
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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December 10, 2019

Department of State
Division of Corporations
The Centre of Tallahassee
2415 N Monroe Street Ste 810
Tallahassee, FL 32303

Reference: Blueline Security Inc Florida Document Number P08000089261

Dear Department:

It has come to my attention that the company Blueline Security Inc has become administratively dissolved.

At this time I would request the department to release my Florida Document P08000089261 for my company Blueline Security Inc. Additionally I am enclosing new articles that I would ask the state to file on my behalf.

Thanking you in advance for your assistance with these matters.



Tony Shelton, President

Blueline Security Inc

FILED
2020 JAN 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: BlueLine Security 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tony H Shelton
Name (Printed or typed)

184 Riverchase Lane
Address

Mooresville, NC 28115
City, State & Zip

910-977-7104
Daytime Telephone number

*Tgunn33@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

2020 JAN 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: BlueLine Security Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1314 Cape Coral Pkwy E Ste 208
Cape Coral FL 33904

Mailing address, if different is:

184 Riverchase Lane
MOORESVILLE, NC 28115

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all business
pertaining to security.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ \$1.00 PAR VALUE Per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tony H Shelton (P)

Address: 1314 Cape Coral Pkwy E
Suite 208
Cape Coral FL 33904

Name and Title: Andrea L Shelton (VP)

Address: 1314 Cape Coral Pkwy E
Suite 208
Cape Coral FL 33904

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2020 JAN 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL

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: Kathleen Flynn
Address: 4807 Sunset Ct #701
Cape Coral FL 33904

ARTICLE VII INCORPORATOR

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

Name: Tony Shelton
Address: 1314 Cape Coral Pkwy E Suite 208
Cape Coral FL 33904

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

Kathleen Flynn
Required Signature/Registered Agent

12-10-2019
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.

[Signature]
Required Signature/Incorporator

1-10-2020
Date

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2020 JAN 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL

Detail by Entity Name

Florida Profit Corporation
BLUELINE SECURITY INC

Filing Information

Document Number P08000089261
FEI/EIN Number 26-3336064
Date Filed 09/30/2008
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION
FOR ANNUAL REPORT
Event Date Filed 09/27/2019
Event Effective Date NONE

Principal Address

1314 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904

Changed: 04/18/2018

Mailing Address

184 riverchase lane
MOORESVILLE, NC 28115

Changed: 04/30/2015

Registered Agent Name & Address

SWAN, LAWRENCE
14250 ROYAL HARBOUR COURT UNIT 517
FORT MYERS, FL 33908

Officer/Director Detail**Name & Address**

Title PD

SHELTON, TONY H
1314 CAPE CORAL PARKWAY East
CAPE CORAL, FL 33904

Title VSTD

FRANCIS, ANDREA L
1314 CAPE CORAL PARKWAY east
CAPE CORAL, FL 33904

Annual Reports

Report Year	Filed Date
2016	01/24/2016
2017	04/20/2017
2018	04/18/2018