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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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

SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	Blue Line Se	ecurity Ir	C
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	184 Ri	H Sheltor (Printed or typed) Ver Chase L	ANE
Moores ville, NC381			

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

20 JAN 13 AM 11: 1

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: Blueline	secur, 4	y Inc
ARTICLE II PRINC	CIPAL OFFICE Principal street address COTAL PKWY E Ste 208 Q1 FL 3.3904	184 ^N	Tailing address, if different is: Riverchase Lune ooresville, No abils
	ose the corporation is organized is: Any Security.	and All	business
ARTICLE V INITL	ES Stock is: 100 SM ACES @ \$1" AL OFFICERS AND/OR DIRECTORS		
Name and Titl	Tony H Shelton (P	$\frac{1}{2}$ Name and Title:	Andrea L Shelton UP
Address	Suite 208 Cape Coral FL 33909		1314 CAPE COTAL PRINYE Suite 208 CAPE COTAL FL 33904
		Name and Title:	CAPE COLAIFL 33904

Required Signature Processor SECRETARY OF TALLAHASSE	Name and T	itle:	Name and Title:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: KAFMEEN Flynn Address: 4807 Sunset Ct #701 Cape Coral FL 33904 ARTICLEVII INCORPORATOR The name and address of the Incorporator is: Name: TONY Sheltor Address: 1314 Cape Coral PRWYE Suite 308 Cape Coral FL 33904 ARTICLEVIII 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 affiling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 designative floridate with and accept the appointment as registered agent and agree to act in this capacity Kathlen Flynn Required Signature/Incorporator Date Required Signature/Incorporator	Address		Address:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: KAHNEEN Flynn Address: 4807 Sunset Ct #701 Case Coral FL 33909 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Tony Sheltor Address: 1314 Case Coral Prwy & Suite 308 Case Coral FL 33909 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 affiling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 designerificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Kathleen Flynn Required Signature/Incorporator Date Required Signature/Incorporator					
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Effective date, if other than the date of filing:		Cape Coral	FL 3.3904		
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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		