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(Address)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

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

SUBJECT: The	Blue Factory Inc.		
Jobone I.	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
₹1 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Irina Roth Ne Nam	eumann, Esq. e (Printed or typed)	
	78 SW 7th St.	, Suite 500	
		Address	
	Miami, FL 33130		
	City	, State & Zip	
	305-798-8878		
	•	Telephone number	
	irina@rothpalaw.com	d for future annual report r	notification)
	in-mair address, (to be use	a for future annual report r	iouncation)

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

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

Mailing :	address, if different is:
nd all lawful business	
	2
	ZOZO HÁR I O AM
Name and Title: Address:	
Name and Title:	
	Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address:

Name a	and Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT Florida street address (P.O. Box NOT accepts	shlat of the registered agent is:	
Name:	Roth Private Advising Law	iole) of the registered agent is.	
Address:	78 SW 7th St., Suite 500		
Address.	Miami, FL 33130		
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Irina Roth Neumann, Esq.		
Address:	78 SW 7th St., Suite 500		
	Miami, FL 33130		
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days aft	er the
	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not cords.	be listed as
		ocess for the above stated corporation at the place design registered agent and agree to act in this capacity	nated in this
		03/10/2020	
	Required Signature/Registered Age	nt Date	
	ocument and affirm that the facts stated here e Department of State constitutes a third degre	in are true. I am aware that the false information su e felony as provided for in s.817,155, F.S.	bmitted in a
		03/10/2020	
Required Signa	ture/Incorporator	Date	

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