Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000352825 3)))



H200003528253ABC.

To:	Division of Co Fax Number	rporations : (850)617-6381		2020 OCT - S	
From:					
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	÷	P	
	Account Number	: 120000000019	-ic	1 2: 1	
	Phone	: (305)552-5973		1.5	
	Fax Number	: (305)675-5944	325	17	
Ent	annual report ma	ress for this business entity to be used for foillings. Enter only one email address please.			

FLORIDA BLUE MOON SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: FLORIDA Blue MOON SERVICES COYP ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: <u>ARTICLE IV</u> INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: **INCORPORATOR:** The name and address of the Incorporator is:

33126

Required Signatures:

Having been named as registered agent to accorporation at the place designated in this coappointment as registered agent a	cept service of process for the above stated ertificate, I am familiar with and accept the and agree to act in this capacity
Registered Agent	10/9/20
I submit this document and affirm that the fact the false information submitted in a documen third degree felony as provided for in s.817.15	t to the Department of State constitutes a
	10/9/20