

# P200000 85641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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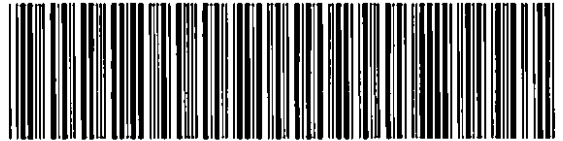
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Blue Star Rocks 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: Dr. Cynthia Matthews  
Name (Printed or typed)

P.O. Box 325  
Address

Fort Mc Coy, FL 32134  
City, State & Zip

352-843-4642  
Daytime Telephone number

dr. Cynthia Matthews @ gmail. 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 Star Rocks INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

23021 NE 112<sup>th</sup> Court Rd  
Fort McCoy, FL 32134

Mailing address, if different is:

P.O. Box 325  
Fort McCoy, FL 32134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Business Consulting, Vocational & Educational Training  
Community Growth & development.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Cynthia Matthews

Address: P.O. Box 325  
Fort McCoy, FL 32134  
Pres / CEO

Name and Title: Rachel Matthews

Address: P.O. Box 325  
Fort McCoy, FL 32134  
VP / Sec.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Cynthia Matthews

Address: 23021 NE 112<sup>th</sup> Court Rd

Fort Mc Coy, FL 32134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Cynthia Matthews

Address: 23021 NE 112<sup>th</sup> Court Rd

Fort Mc Coy, FL 32134

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

11/4/20  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11/4/20  
Date