## Division of Corporations Electronic Filing Cover Sheet

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To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

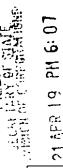
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:		

## 2021 APR 19 PM 4: 59

## FLORIDA PROFIT/NON PROFIT CORPORATION BLUE SKY FOODS Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



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

<u> ICLE II PRINC</u>	<u>IPAL OFFICE</u>		
•	Principal street address	70	Mailing address, if different is 901 4th St N STE 300
1 4th St N STE 300			
Petersburg, FL 3370	2		, Petersburg, FL 33702
TICLE III PURPO	DCF.		
purpose for which t	he corporation is organized is:	and All Lawfut Bu	usiness
	<u>.</u>		
			·
	<del></del>		
TICLE IV SHAR number of shares of			
number of shares of	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T	<del></del>	nd Title:
number of shares of	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T  7901 4th St. N STE 300	Name ar	nd Title:
number of shares of  FICLE V INITIA  Name and Title	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T	Name ar	
number of shares of  FICLE V INITIA  Name and Title	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T  7901 4th St N STE 300	Name ar	
number of shares of  FICLE V INITIA  Name and Title	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T  7901 4th St N STE 300	Name ar	
number of shares of  FICLE V INITIA  Name and Title  Address	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T  7901 4th St N STE 300  St. Petersburg, FL 33702	Name ar	
number of shares of  FICLE V INITIA  Name and Title  Address	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T  7901 4th St N STE 300  St. Petersburg, FL 33702	Name ar	
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Name and Title Address  Name and Title	LOFFICERS AND/OR DIRECTO CARMEN ARIAS P.S.T:: 7901 4th St N STE 300 St. Petersburg, FL 33702	Name ar  Name ar  Name ar  Address  Name ar  Name ar	ad Title:
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title  Address	Stock is:  LOFFICERS AND/OR DIRECTO  CARMEN ARIAS P.S.T  7901 4th St N STE 300  St. Petersburg, FL 33702	Name ar  Name ar  Name ar  Address  Name ar  Name ar	ad Title:

Name and Title:		Name and Title:	
Address		Address:	
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		<del></del>	
ADTICLE VI	DECISTEDED ACENT		
	<u>REGISTERED AGENT</u> <u>Florida street address</u> (P.O. Box NOT acceptable)	) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th St N STE 300		
, 13 4, 550	St. Petersburg, FL 33702	<del></del>	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	Riley Park		
Address:	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
Effective date, (If an effective filing.)	I EFFECTIVE DATE: if other than the date of filing: c date is listed, the date must be specific and can ate inserted in this block does not meet the applicable	not be more than five day	s prior or 90 days after the
	s effective date on the Department of State's record		
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as		
Bee !	Home		4/8/2021
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fel		
D	71		4/8/2021
Required Signature/Incorporator			Date