

6/22/2021

PA1000058902

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Blue Cloud Distribution of Florida, Inc.

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

See 6/23/21

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME

Blue Cloud Distribution of Florida, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
100 Fisher Avenue #396 White Plains, NY 10602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To conduct or engage in any lawful act or activity for which corporations may be organized under the laws of the State
of Florida.

ARTICLE IV SHARES

1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy D. Lynn, Director Name and Title: _____

Address 100 Fisher Avenue #396 Address: _____
White Plains, NY 10602

Name and Title: Blake E. St. Clair, Director Name and Title: _____

Address 100 Fisher Avenue #296 Address: _____
White Plains, NY 10602

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 JUN 22 PM 12:43
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christine C. Kretkowski
 Address: McDermott Will and Emery LLP
500 N Capitol St. NW, Washington DC 2000

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

By: C T Corporation System
Kathryn A. Wolke, Asst. Secretary
 Required Signature/Registered Agent

6/22/21
 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.

Christine C. Kretkowski
 Required Signature/Incorporator

6/21/21
 Date