

P220000025972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

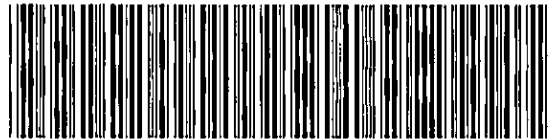
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700384277567

04/05/22--01001--020 \$78.75

RECEIVED

2022 APR -5 AM 11:56

CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 APR -5 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/4 DANNY

XX CERTIFIED COPY ARTS AND AMENDS

PHOTOCOPY _____

CUS _____

XX FILING INC

1. BLUE ANCHOR CORPORATION

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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 Anchor Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
6069 Old Court Road, Apt 101
Boca Raton, FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

FILED
2022 APR -5 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melih Kose, DP
Address: 6069 Old Court Road, Apt 101
Boca Raton, FL 33433

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Registered Agents Inc.
Address: 7901 4th St N, Ste 300
St. Petersburg, FL 33702

FILED
2022 APR -5 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda J. Beren
Address: 31416 Agoura Rd, Ste 118
Westlake Village, CA 91361

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

Bee Hume

Required Signature/Registered Agent

04/04/2022

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.

AJB

Required Signature/Incorporator

04/04/2022

Date