

P23000025489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

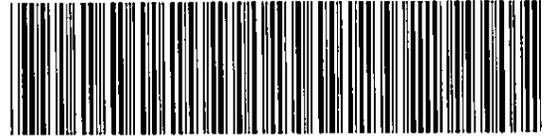
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800401828448

S. CHATHAM
APR - 6 2023

FILED

2023 APR - 5 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 APR - 5 PM 2:40

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Thank You For Blue Skies, Inc.

Please Debit 120000000257 For: 70

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____



Signature

Requested by: SETH 04/04/23

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: Thank You For Blue Skies, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Paul Palmer, Esq.
Name (Printed or typed)

12790 So. Dixie Highway
Address

Miami, FL 33156
City, State & Zip

305-378-0011
Daytime Telephone number

Paul@ppmpalaw.com
E-mail address: (to be used for future annual report notification)

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: Thank You For Blue Skies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>12790 S. Dixie Highway</u> <u>Miami, FL 33156</u>	Mailing address, if different is: _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Taylor Paige, President</u>	Name and Title: _____
--	-----------------------

Address <u>16027 Ventura Blvd., #301</u>	Address: _____
<u>Encino, CA 91436</u>	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____

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SECRETARY OF STATE
TAMPA, FLORIDA

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: Paul Palmer, Esq.

Address: 12790 S. Dixie Highway

Miami, FL 33156

ARTICLE VII INCORPORATOR

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

Name: Paul Palmer

Address: 12790 S. Dixie Highway

Miami, FL 33156

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TALLAHASSEE, FLORIDA

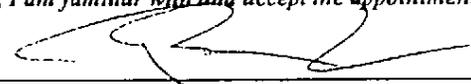
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/5/23 (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.)

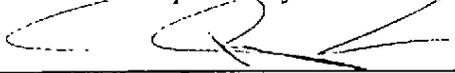
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4-5-2023
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

4-5-2023
Date