

P23000074645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

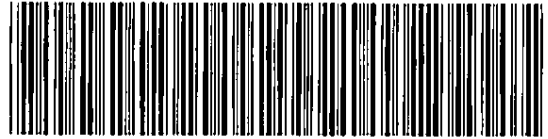
(Business Entity Name)

(Document Number)

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

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Office Use Only



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09/18/23--01045--004 \*\*70.00

2023 SEP 18 PM 11:22

## COVER LETTER

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

SUBJECT: NEW BLUE SKY CORPORATION  
(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: TARA K. HOKINS  
Name (Printed or typed)

3850 Bird Rd #403  
Address

Coral Gables FL 33146  
City, State & Zip

786797 8408  
Daytime Telephone number

tara@equityxpress.net  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2023 SEP 18 PM 11:22

# NEW BLUE SKY PROCESSING

## ARTICLES OF INCORPORATION

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

Corporation

### ARTICLE I NAME

The name of the corporation shall be:

~~NEW BLUE SKY CORPORATION~~

### ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

3850 Bird Rd #403  
Coral Gables FL 33146

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to process mortgage  
loans and take the mortgage loan successfully  
to closing.

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

YARIANNE FUESTES-BOUL

Address

23416 SW 110 Ave  
Homestead FL  
33032

Name and Title:

TARA K. HOSKINS

Address:

537 Arroyo Ave  
Coral Gables FL 33134

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2023 SEP 8 4:11:22  
FILED  
CLERK OF DISTRICT COURT  
JANUARY 11 2024

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: TARA K. HOSKINS

Address: 3550 Birch Rd #403  
Coral Gables FL 33146

**ARTICLE VII INCORPORATOR**

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

Name: TARA K. HOSKINS

Address: 3550 Birch Rd #403  
Coral Gables FL 33146

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/15/2023 (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

9/12/23  
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

9/12/23  
Date

FILED  
2023  
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CLERK OF THE  
COURT