

P240000003174

Florida Department of State
Division of Corporations
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RESUBMISSION
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tgjaimo@gibisercpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Blue Sky Asset & Wealth Partners Inc.

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

T.J.H.
1/19/24

2024 JAN 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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January 17, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: BLUE SKY ASSET & WEALTH PARTNERS LTD
REF: W24000005504

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000021392
Letter Number: 124A00001024

H24000021392

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 Sky Asset & Wealth Partners Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address 350 Federal Highway Apt. 1402 Mailing address, if different is:
Boynton Beach, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Farkas - President/Director Name and Title: _____
Address 350 Federal Highway Apt. 1402 Address: _____
Boynton Beach, FL 33435

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

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

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TALLAHASSEE, FLORIDA

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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: Brian Farkas
 Address: 350 Federal Highway Apt. 1402
Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Farkas
 Address: 350 Federal Highway Apt. 1402
Boynton Beach, FL 33435

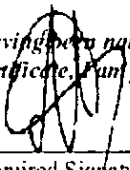
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

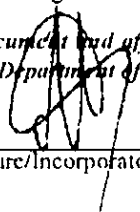
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ January 8, 2024
 Required Signature/Registered Agent 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

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 January 8, 2024