## P24000070628

(Requestor's Name)
(Address)
(Address)
(1.001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24000097676
10240000

Office Use Only



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06/07/24--01017--001 \*\*70.00

JECAL LINKY OF STATE

2024 JUN -7 AM 10: 09



July 1, 2024

LEO MATHIS 4429 HOLLYWOOD BLVD 816822 HOLLYWOOD, FL 33021 US

SUBJECT: BLUE MONEY TRANSPORTATION INC

Ref. Number: W24000097676

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

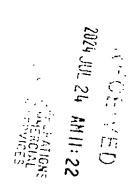
Please list the complete principal office address.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 024A00014334



## **COVER LETTER**

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

SUBJECT: Blue	- Money Tran	sportation	TAC
	(РКОРОБЕЛ СОКРОВ	RATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)
Enclosed is an original a \$70.00 Filing Fee	and one (1) copy of the Artic  □ \$78.75  Filing Fee &  Certificate of  Status	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate
FROM:	Leo Mathi	ADDITIONAL CO	PY REQUIRED
	Hullywood	1000 1311 d 8 Address (C1 3301) ity, State & Zip	16822
	954-939-1 Daytim	e Telephone number	_

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

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

ARTICLE 1 NAME  The name of the corporati	ion shall be: Bue Mone	1 Transp	atitionIn
	Principal street address  A 3308	4014	Mailing address, if different is:  HHYWDAB VA  WWW FI 3300
ARTICLE IN PURPO The purpose for which th	SE ne corporation is organized is:	portalion	n, Logistics
ARTICLE IV SHARE The number of shares of s		100	7
ARTICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS	Name and Title:	VP
Address	9289 S.E.1444 Plan Summafield, Fl. 34		93892. E. 144th Place Summerfield, Fl 34491
Name and Title:		Name and Title:	92895.6-14449A
•	Summer Field H 34L	<u>9</u> 1 .	Symmerfield, F1 34491
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:			
Address		Address:			
		<del></del>			<del></del>
ARTICLE VI REGISTERED A The name and Florida street address:  Address:  Address:  Address:	ess (P.O. Box NOT acceptable Mathys	e) of the registered agent is    S   E   Z			
ARTICLE VII INCORPORATO	<u>PR</u>				
The <u>name and address</u> of the Incornance:  Address:  Address:  HUZ	Mathis	 Blvd 81650 io21	ح.		
ARTICLE VIII EFFECTIVE D. Effective date, if other than the dat (If an effective date is listed, the ofiling.)	e of filing:		days prior or 90	-	
Note: If the date inserted in this bl the document's effective date on th			rements, this date	will not be	e listed as
Having been named as registered a certificate, I am familiar with and a Required submit this document and affirm document to the Department of States	Signature/Registered Agent	istered agent and agree to are true. I am aware tha	act in this capaci	ity 564 Date	8
accument to the Department of State	e constitutes à intra degree je	nony us provueu jor in so		1302	U
Required Signature/Incorporator			Date	1 1/00	
			FALLAHASSEE, FLORIDA	2024 JUN - 7 AM IO: 10	<u> </u>

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	MINICA MANUS	bd 816822
Address:	THA HOLY COOL DI	M 8160CC
	Halywood FISSC	24
ARTICLE VII	INCORPORATOR	
The name and ac	ldress of the Incorporator is:	
Name:	Leo Mathis	
Address:	4429 Hollyword	Blvd 816822
	Helywood A 33	<u>ن</u> کا ا
	EFFECTIVE DATE:	17 U (OPEROVA)
	other than the date of filing:	innot be more than five days prior or 90 days after th
	inserted in this block does not meet the application of State's reconstruction of the Department of State's reconstruction.	able statutory filing requirements, this date will not be listed.
		ess for the above stated corporation at the place designated
certificate, V am f	apriliar with and accept the appointment as reg	istered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
submit this doc	ument and affirm that the facts stated herein Department of State constitutes a third degree fo	are true. I am aware that the false information submitted
accument to the	reputation State constitutes a Intra degree Je	elony as provided for in \$.817.155, F.S.