

P 11000021404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

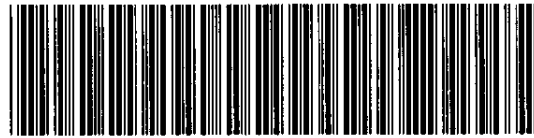
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 MAR -4 AM 11:02

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -4 AM 11:08

FILED

J. Gibbons MAR 04 2011

COVER LETTER

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

SUBJECT: Blackman Inc Auto Repair
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Yaqwanza M. Blackman
Name (Printed or typed)

PO Box 180573
Address

Tallahassee FL 32318
City, State & Zip

(850) 251-8591
Daytime Telephone number

Blackman Yaqwanza @ yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
 11 MAR - 4 AM '08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 I NAME

The name of the corporation shall be: BLACKMAN INC. Auto repair

ARTICLE II PRINCIPAL OFFICE

Principal street address
2548 Shadowwood Dr.
Tallahassee, FL
32305

Mailing address, if different is:
PO Box 180573
Tallahassee FL
32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Auto repair

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yadwanza M. Blackman Name and Title: _____
Address: PO Box 180573 Address: _____
TLH, FL 32318 Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ 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: Yadwanza M. Blackman
Address: 2548 Shadowwood Dr.
Tallahassee, FL

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Yadwanza M. Blackman
Address: 2548 Shadowwood Dr.
Tallahassee, FL

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

Yadwanza M. Blackman
Required Signature/Registered Agent

03-4-11
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.

Yadwanza M. Blackman
Required Signature/Incorporator

03-4-11
Date

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TALLAHASSEE, FLORIDA