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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10-22-15 1

COVER LETTER

TO: New Filing Section Division of Corporations	
Dia de Carrianal Camanania	_
SUBJECT: Black Squirrel Companies	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	o the following:
Kenneth Woodson	Ç
Name of Pe	erson
Black Squirrel Companies	
Firm/Compa	anv
7512 Dr Phillips Blvd 50-234	
Address	2
Orlando, Florida 32819	•
City/State and	1.7in code
Kenneth@blacksquirrelcompaniesc.c	•
·	r future annual report notification)
•	•
For further information concerning this matter, please cal	u:
Kenneth Woodson 407	, 902-4701
Name of Person Area Co	ode & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS:
Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
<u> </u>	\$78.75 Filing Fee & S87.50 Filing Fee,

Certified Copy

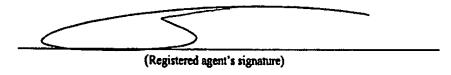
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Black	Squirrel Companies		
	of corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	,
BSC, I	nc.		•
(If name una	vailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	•
_{2.} Wyomi	ing ,	47-2291949	
	ountry under the law of which it is incorporated)	(FEI number, if applicable)	•
4 07 Apr	il 2015	Perpetual	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	•
6. N/A			
	(Date first transacted business in		,
7540 D.		502, F.S., to determine penalty liability)	
7. 1512 UI	r Phillips Blvd 50-234, Orlando		•
7540 0	(Principal office addr	•	
7512 DI	Phillips Blvd 50-234, Orlando		
	(Current mailing addr	ress)	, FS
8. Name and a	street address of Florida registered agent: (P.C	D. Box NOT acceptable)	ECRETARY LLAHASSE
Name	United State Corporation Agents, Inc	·	
Office Address	13302 Winding Oaks Court, Suite	<u>A</u>	OF STATE E. FLORIDA AM 11: 03
	Tampa	, Florida 33612	RATE : 03
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

ECTORS
Kenneth Woodson
7540 Dr. Dhillian Bhid 50 004
Orlando Florida 32819
sirman;
TICERS
#
sident:
Andrea Burns, MD
1181 Hollow Pine Drive, Oviedo Florida 32765
Kenneth Woodson
7512 Dr Phillips Blvd 50-234 Orlando FL 32819
If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Kenneth Woodson, Chairman/CEO

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

Black Squirrel Companies

Accordingly, the undersigned, by virtue of the authority vested in me by the law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 7th day of April, 2015.



Filed Date: 04/07/2015

Secretary of State

By: Jennifer Trabing



Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311 Fax 307.777.5339 Email: business@state.wy.us

Ed Murray, WY Secretary of State FILED: 04/07/2015 07:36 AM ID: 2015-000684361

Profit Corporation Articles of Incorporation

. Corporation name:	
Black Squirrel Companies	
2. Name and physical address of its registered agent: The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authoriz taving a business office identical with such registered office. The registered agent must have a physical Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in	l address in Wyoming. A Post Offic
United States Corporation Agents, Inc., 1623 Central Avenue, Suite 18, Cheye	enne, WY 82001
Mailing address of the corporation:	·
7512 Dr. Phillips Blvd. 50-234, Orlando, Florida 32819	
Principal office address:	
7512 Dr. Phillips Blvd. 50-234, Orlando, Florida 32819	
. Number and class of shares the corporation will have the authority to issue:	
1,000 shares of common stock.	
Incorporators (list names and addresses of each incorporator):	
Cheyenne Moseley, 101 N. Brand Blvd., 10th Floor, Glendale, CA 91203	
	Received APR 1 2015 Secretary of small
-ArticlesIncorporation - Revised 07/17/2009	Secretary of

7. Execution (all ince	orporators must sign):		(
Signature:		<u> </u>	Date:	3/28/2015
Print Name:	Cheyenne Moseley, Assistant Secre	tary, LegalZoom.com, Inc.	•	(mm/dd/yyyy)
Signature:		· · · · · · · · · · · · · · · · · · ·	Date:	(mm/dd/yyyy)
Print Name:			•	· (mm uw yyyy)
Signature:			Date:	
Print Name:	·			(mm/dd/yyyy)
Contact Person: Ch				
Daytime Phone Nur	nber: (323) 962-8600, ext. 7625 E	mail: bizcorefilings@legalz	zoom.com	
The Articles The Articles For consiste Please subm Please revie	\$100.00 Make check or money of must be in compliance with Wyo is must be accompanied by a written may the Secretary of State's Office ait one originally signed document ow form prior to submitting to the avoid a delay in the processing	ming Statutes 17-16-120 and n consent to appointment exec will only keep one version o t and one exact photocopy of ne Secretary of State to ensu	17-16-202. cuted by the roof the agent's the filing.	registered agent. name on file.

Other Requirements:

• An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.

Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020 Ph. 307.777.7311

Fax 307.777.5339 Email: business@state.wy.us

Consent to Appointment by Registered Agent

I, United States Corporation Agents, Inc.	, registered office located at
(name of registered agent)	
1623 Central Avenue, Suite 18, Cheyenne, WY 82001	voluntarily consent to serve
* (registered office physical address, city, state & zip)	
as the registered agent for Black Squirrel Companies	
(name of business entity)	
I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 the	hrough W.S. 17-28-111.
Signature: (Shall be executed by the registered agent.)	Date: 3/28/2015 (mm/dd/yyyy)
Print Name: Cheyenne Moseley Daytime Phone: (323)	962-8600, ext. 7625
Title: Asst. Secretary, United States Corporation Agents, Inc. Email: bizcorefilings@	@legalzoom.com
Registered Agent Mailing Address (if different than above):	
If this is a new address, complete the following:	
Previous Registered Office(s):	
hereby certify that: • After the changes are made, the street address of my registered office and business • This change affects every entity served by me and I have notified each entity of the • I certify that the above information is correct and I am in compliance with the requ W.S. 17-28-111.	e registered office change.
ignature: D (Shall be executed by the registered agent.)	Pate: (mm/dd/yyyy)
Checklist ✓ Submit one originally signed consent to appointment and one exact	photocopy.