

F18000005543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

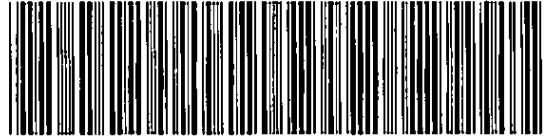
(Document Number)

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

Special Instructions to Filing Officer:

167 310 W18-95201

Office Use Only



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10/19/18--01017--009 \*\*78.75

FILED  
18 NOV 30 AM 10:49  
SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

DEC 04 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2018

JAMES THOMAS BLACK  
BLACK INVESTMENT, INC  
9700 OLD MAGNOLIA ROAD  
TALLAHASSEE, FL 32309

SUBJECT: BLACK INVESTMENT, INC  
Ref. Number: W18000095701

FILED

18 NOV 30 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FL 32309

We have received your document for BLACK INVESTMENT, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

Please return 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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 118A00022407

RECEIVED

2018 NOV 30 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FL

01:01 PM 02 NOV 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLACK INVESTMENT, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BLACK, JAMES THOMAS

Name of Person

BLACK INVESTMENT, INC.

Firm/Company

9700 OLD MAGNOLIA RD

Address

TALLAHASSEE, FL 32309

City/State and Zip code

TOM.BLACK18@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLACK, JAMES THOMAS

770

361-5341

at ( )

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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18 NOV 30 AM 10:49  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

BLACK INVESTMENT, INC

1. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"INC.," "CO.," "CORP.," "LTD.," "CO.," or "CORP."

~~Black Investment Incorporated~~ Tom Black Investment, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

3. 58-1720457

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 02/02/1987

5. N/A

(Date of incorporation)

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9700 OLD MAGNOLIA RD, TALLAHASSEE, FL 32309

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES THOMAS BLACK

Office Address: 9700 OLD MAGNOLIA RD

TALLAHASSEE

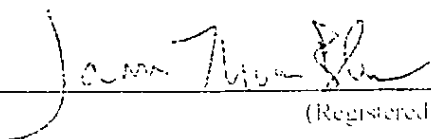
(City)

Florida 32309

(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.



(Registered agent's signature)

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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 Names and business addresses of officers and/or directors

A. DIRECTORS

Chairman \_\_\_\_\_

Address \_\_\_\_\_

Vice Chairman \_\_\_\_\_

Address: \_\_\_\_\_

Director JAMES THOMAS BLACK

Address 9700 OLD MAGNOLIA RD. TALLAHASSEE, FL 32309

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President JAMES THOMAS BLACK

Address: 9700 OLD MAGNOLIA RD. TALLAHASSEE, FL 32309

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary MANDI YVONNE BLACK

Address: 9700 OLD MAGNOLIA RD. TALLAHASSEE, FL 32309

Treasurer \_\_\_\_\_

Address \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. James Thomas Black

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 JAMES THOMAS BLACK, PRESIDENT

(Typed or printed name and capacity of person signing application)

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18 NOV 30 AM 10:49  
SECY 1007 CH STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

FILED  
18 NOV 30 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**BLACK INVESTMENT, INC.**  
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16249475  
Date Inc/Auth/Filed: 02/02/1987  
Jurisdiction : Georgia  
Print Date : 10/09/2018  
Form Number : 211



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp  
Secretary of State