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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

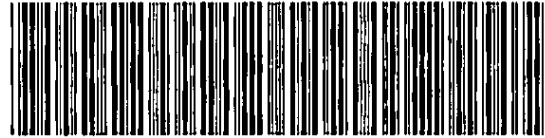
(Business Entity Name)

(Document Number)

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

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MAR 22 2018

## COVER LETTER

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

SUBJECT: The Black Bairs Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Ryan Bair

Name (Printed or typed)

20909 Kingfish Ter.

Address

Miami, FL 33189

City, State & Zip

(305) 283-1963

Daytime Telephone number

ryanbair14@yahoo.com

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

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: The Black Bairs Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
20909 Kingfish Ter.

Miami, FL 33189

Mailing address, if different is:  
20909 Kingfish Ter.

Miami, FL 33189

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to provide help, support, and aid to those  
who are in need. We will assist the homeless, hungry, and less fortunate.  
With a sense of understanding and compassion for others, we will  
help improve the standard of living for the helpless.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
is set forth in the Bylaws

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ryan Bair/President

Address: 20909 Kingfish Ter.  
Miami, FL 33189

Name and Title: Maria Montilva/Director

Address: 11541 NW 57 Ct.  
Hialeah, FL 33012

Name and Title: Claudia Morales/Director

Address: 11049 SW 149 Pl.  
Miami, FL 33196

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

SECRET  
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TALLAHASSEE, FLORIDA

18 MAR 13 AM 6:47

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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: Ryan Bair

Address: 20909 Kingfish Ter.

Miami, FL 33189

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ryan Bair

Address: 20909 Kingfish Ter.

Miami, FL 33189

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*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*

Ryan Bair  
Required Signature of Registered Agent

3-7-2018  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.*

Ryan Bair  
Required Signature of Incorporator

3-7-2018  
Date