

TRANSMITTAL LETTER
P000000003823

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

SUBJECT: Black Interracial INC.
(Proposed corporate name - must include suffix)

400003091064--6
-01/06/00--01095--006
*****87.50 *****87.50

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 of Status
ADDITIONAL COPY REQUIRED

FROM: Michael Anderson
Name (Printed or typed)

820 8th Ave. South #F
Address

St. Petersburg FL. 33701
City, State & Zip

(727) 550-2454
Daytime Telephone number

FILED
00 JAN -6 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MS
1-12-00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Black Interracial INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
820 8th Ave. South #F
St. Petersburg FL. 33701

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 shares of stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael Anderson
820 8th Ave. South #F
St. Petersburg, FL 33701

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael Anderson
820 8th Ave. South #F
St. Petersburg FL. 33701


Signature/Incorporator

1-3-2000
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

1-3-2000
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA