

P03000028901

(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:

Office Use Only

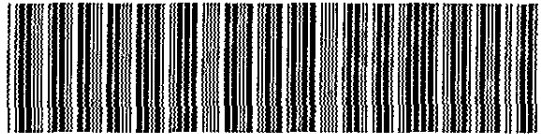
Lashawnna Stanley GAVE

AUTHORIZATION BY PHONE TO

CORRECT corp name

DATE 03-12-03

DOC. EXAM g



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03/03/03--01081--010 **87.50

FILED
03 MAR -4 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

203-6248
3/4

TRANSMITTAL LETTER

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

SUBJECT: ETHNICITY MANAGEMENT INC.
(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	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: LaShawwna Stanley
Name (Printed or typed)

335 Ocean Dr #322
Address

Miami Beach FL 33139
City, State & Zip

305-527-6165
Daytime Telephone number

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:

ETHNICITY MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

335 Ocean Dr #322 Miami Beach FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
management and consultant company developing the ethnic market

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LaShawnna Stanley
CEO/Founder
335 ocean dr #322 miami Beach FL 33139

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LaShawnna Stanley
335 Ocean DR #322 Miami Beach FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LaShawnna Stanley
335 Ocean DR #322
Miami Beach FL 33139

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

LaShawnna Stanley
Signature/Registered Agent

2-24-03
Date

LaShawnna Stanley
Signature/Incorporator

2-24-03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA