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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

BLACK LABEL STABLES CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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10/10/03

EFFECTIVE DATE

10/06/03

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ARTICLES OF INCORPORATION
FOR
BLACK LABEL STABLES CORPORATION

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TALLAHASSEE FLORIDA

ARTICLE ONE
NAME

The name of this Corporation shall be:
BLACK LABEL STABLES CORPORATION

ARTICLE TWO
NATURE OF BUSINESS

Any lawful business conducted within the laws of the State of Florida

ARTICLE THREE
TERM OF EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida. The date on which corporate existence shall begin is: OCTOBER 6, 2003.

ARTICLE FOUR
MINIMUM CAPITAL

The amount of capital with which the Corporation shall begin business shall not be less than Five Hundred (\$500.00) Dollars, or such greater amount as may be required by law.

ARTICLE FIVE
NUMBER OF DIRECTORS

All Directors of this Corporation must be at least eighteen (18) years of age. The stockholders of this Corporation may, from time to time, and at any time, increase or diminish the size of the Board of Directors of this Corporation, provided that the Corporation shall at all times have a minimum of one (1) Director.

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ARTICLE SIX
CLASSES OF DIRECTORS

The Bylaws of this Corporation may provide that the Directors be divided into two or more classes whose terms of office shall respectively expire at different times, provided that no such term shall continue longer than three (3) years, and provided further that at least one-fourth (1/4) in number of the Directors shall be elected annually.

ARTICLE SEVEN
AMENDMENT

This Certificate of Incorporation may be amended in any manner consistent with the laws of the State of Florida.

ARTICLE EIGHT
CAPITAL STOCK

This Corporation is authorized to issue shares of stock as follows:

- (a) Designation: The stock of this Corporation shall be known as Common Stock.
- (b) Authorized: The maximum number of shares of Common Stock that this Corporation may issue is: 5,000.
- (c) Par Value: Each share of Common Stock shall have the par value of: \$1.00.
- (d) Consideration: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or any combination of the foregoing. In the absence of fraud in the transaction, the judgment of the Board of Directors as to the value of any such consideration shall be conclusive.
- (e) Non-assessability: Each share of Common Stock shall be issued in exchange for consideration which is at equal to the par value thereof, and shall be fully paid and non-assessable.
- (f) Voting Rights: Each share of Common Stock shall entitle the record holder thereof to one (1) vote upon each proposal presented at meetings of the stockholders of the Corporation.
- (g) Cumulative Voting: No holder of Common Stock shall be entitled to any right of cumulative holding.

(h) Dividends: Record holders of Common Stock are entitled to receive their pro-rata share of any dividends that may be declared by the Board of Directors out of assets legally available for such purpose.

(i) Liquidation Rights: Holders of Common Stock are entitled, in the event of the liquidation or dissolution of this Corporation to receive their pro-rata share of any assets of this Corporation remaining after payment of all corporate debts and obligations.

ARTICLE NINE
PRINCIPAL OFFICES OF CORPORATION

The mailing address of the corporation shall be:

BLACK LABEL STABLES CORPORATION
1791 N.W. 96 TERRACE #4P
PEMBROKE PINES, FL. 33024

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ARTICLE TEN
REGISTERED OFFICE AND REGISTERED AGENT

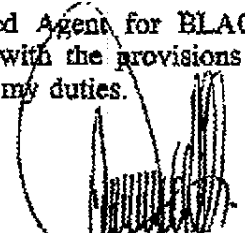
NAME

ADDRESS

ANTONIO CIOFFI

1791 N.W. 96 TERRACE #4P
PEMBROKE PINES, FL. 33024

I HEREBY AGREE to act as Registered Agent for BLACK LABEL STABLES CORPORATION and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.



ANTONIO CIOFFI
(Registered Agent)

**SUBSCRIBER AND INITIAL
DIRECTORS**

The undersigned individuals, competent to contract, execute these Articles of Incorporation as subscriber and initial directors. The listed individuals shall hold office as directors until their successors have qualified, following their election or appointment.

Subscriber/Director: ANTONIO CIOFFI

Street Address: 1791 N.W. 96 TERRACE #4P
PEMBROKE PINES, FL. 33024

Director: JUAN C. RIOS

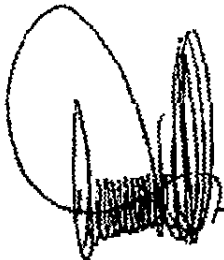
Street Address: 1791 N.W. 96 TERRACE #4P
PEMBROKE PINES, FL. 33024

Director: CLETO PUZZI

Street Address: 1791 N.W. 96 TERRACE #4P
PEMBROKE PINES, FL. 33024

IN WITNESS WHEREOF, the undersigned do make, subscribe, acknowledge, and file this Certificate for the purpose of forming a corporation for profit under the laws of the State of Florida.

SIGNED THIS 29 OF SEPTEMBER, 2003.

A handwritten signature in dark ink, appearing to read 'Antonio Cioffi', with a large, stylized initial 'A'.

ANTONIO CIOFFI, SUBSCRIBER

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STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared ANTONIO CIOFFI who is to me well known to be the person described in and who executed the foregoing Articles of Incorporation, or produced Valid id as identification, and HE acknowledged before me that HE executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal at Miami, in the STATE OF FLORIDA, THIS 29th DAY OF SEPTEMBER 2003.



Donna Marie Colla
MY COMMISSION # 0045172 EXPIRES
AUGUST 19, 2004
ATWORTH DUNTON FARM INSURANCE, INC.

Donna Marie Colla
NOTARY PUBLIC, State of Florida

Commission, Seal, Printed Name of Notary:

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