

P03000157971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

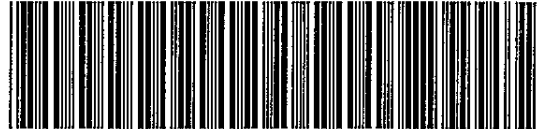
(Document Number)

Certified Copies 1 Certificates of Status       

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562-5168



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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 DEC 30 PM 2:55

RECEIVED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 30 AM 9:30

## TRANSMITTAL LETTER

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

SUBJECT: BLACK DOG KITCHENS 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

GENE PLANT

Name (Printed or typed)

240 SHELINE DR

Address

HAVANA, FL. 32333

City, State & Zip

(850) 562-5168

Daytime Telephone number

Please call when Ready

FILED  
SECRETARY OF STATE  
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03 DEC 30 AM 9:30

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:

BLACK DOG KITCHENS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

240 SHELINE DR  
HAVALA, FL 32333

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRODUCE CABINETS

## ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

GENE PLANT  
240 SHELINE DR  
HAVANA, FL 32333

## ARTICLE VI REGISTERED AGENT

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


GENE PLANT  
240 SHELINE DR  
HAVANA FL 32333

## ARTICLE VII INCORPORATOR

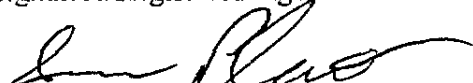
The name and address of the Incorporator is:

GENE PLANT  
240 SHELINE DR  
HAVANA, FL 32333

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

12-30-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-30-03  
\_\_\_\_\_  
Date

FILED  
STATE  
SECRETARY OF CORPORATIONS  
DIVISION  
03 DEC 30 AM 9:30