

CAPITAL CONNECTION

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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

BLACK ODYSSEY, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF

BLACK ODYSSEY, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

Black Odyssey, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10430 Eastside Ave.
Brooksville Fl, 34601

ARTICLE III CAPITAL STOCK

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

Twenty (20)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The number and address of the initial registered agent is:

Reuben A. Johnson
10430 Eastside Ave. Brooksville Fl, 34601

ARTICLE VI OFFICER(S)

The name(s) and street address(es) of the officer(s) to these Articles of Incorporation

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is(are):

President
Reuben A. Johnson
10430 Eastside Ave.
Brooksville Fl, 34601

Vice President
Charlie C. Thomas
9287 Horizon Dr.
Springhill Fl.34608

The undersigned has(have) executed these Articles of Incorporation this 8th day of September 2005.

Reuben Johnson / President

Signature/Title

Charlie C. Thomas / V. President

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

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1. The name of the corporation is: Black Odyssey, Inc.
2. The name and address of the registered agent and office is:

Reuben A. Johnson
(name)

10430 Eastside Ave.
(P.O Box NOT Acceptable)

Brooksville Fl. 34601
City/State/Zip

SIGNATURE

Reuben Johnson
(corporate officer)

TITLE: President

DATE: September 8th 2005

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: Reuben A. Johnson

DATE: September 8th 2005

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