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Effective Date July 08, 2009

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2009 JUL 10 PH 4: 08
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JUL 1.3 2009

### **COVER LETTER**

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

SUBJECT:	Blackholes Flooring, Inc				
		ATE NAME MUST INCL			
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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:	Charles W McDaniel Name (Printed or typed)				
	105 Estes Place				
	Address				
	Panama City beach, Florida 32413				
	City	, State & Zip			
	770 337 811				
	Daytime ?	Telephone number			
	FFIMG@aol.com				
	E-mail address: (to be use	ed for future annual report	notification)		

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

## Articles of Incorporation Of Blackholes Flooring, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### Article 1.

The name of the coporation is Blackholes Flooring, Inc.

Effective Date July 08,2009

#### Article 2.

The Street address and mailing address of the registered office is 105 Estes Place, Panama City Beach, Florida, 32413.

#### Article 3.

The business is being established as a consulting organization for hardwood flooring in the construction industry.

#### Article 4.

One hundred thousand shares of stock will be issued

#### Article 5.

The Officer of Blackholes Flooring is. Charles William McDaniel, Jr / President 105 Estes Place Panama City Beach, Florida 32413

#### Article 6.

Registered Agent: Charles William McDaniel, Jr 105 Estes Place Panama City Beach, Florida 32413

#### Article 7.

The incorporator: Charles William McDaniel, Jr 105 Estes Place Panama City Beach, Florida 32413

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#### Article 8.

The inception of this business is July 8th, 2009

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

Date

Signature / Incorporator

CW Ma

Date