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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
STANDARD BLACK PUMPS, INC.

Certificate of Status	0
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Page Count	02
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COVER LETTER

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

SUBJECT: STANDARD BLACK PUMPS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: SUMMIT BUSINESS MANAGEMENT

Name (Printed or typed)

16285 VENTURA BLVD., SUITE 625

Address

ENCINO, CA 91436

City, State & Zip

(818) 991-3115

Daytime Telephone number

vraynoso@summitbusinessmgmt.com

E-mail address: (to be used for future annual report notification)

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

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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:

STANDARD BLACK PUMPS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2007 UNIVERSITY BLVD., SOUTH JACKSONVILLE, FL 32216

16255 VENTURA BLVD., #825, ENCINO, CA 91436 (Mailing)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENTERTAINMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ASHLEY M. GREENE	2007 UNIVERSITY BLVD., SOUTH JACKSONVILLE, FL 32216	PRESIDENT	SECRETARY	TREASURER	DIRECTOR
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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOE GREENE

2007 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

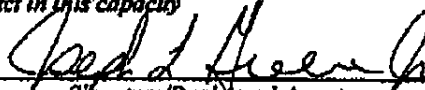
CELESTE RHINE

LS INCORPORATION SERVICES


P.O. BOX 686

MENTONE, CA 92359

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



Signature/Incorporator

5-13-2010

Date

5-13-2010

Date

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TALLAHASSEE, FLORIDA

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