P110000 32379

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
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FALL AHASSEE, FLORIO.

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W11-16478



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11 MAR 31 PM 3: 52

FLORIDA DEPARTMENT OF STATE Division of Corporations OF CORPORATIONS

March 23, 2011

THE BLACK KEY GROUP 3445 NE 167TH STREET NORTH MIAMI BEACH, FL 33160

SUBJECT: THE BLACK KEY GROUP

Ref. Number: W11000016478

We have received your document for THE BLACK KEY GROUP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 911A00007028

COVER LETTER

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

SUBJECT: The Black Key Group		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: The Black Key Group Name	(Printed or typed)	
3445 NE 167th Street	Address	
North Miami Beach, FL City,	33160 State & Zip	·
305-944-1488 Daytime To	elephone number	
izzy.acker@gmail.com E-mail address: (to be used	for future annual report	notification)

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 II	PRINCIPAL OFFICE			
ARTICLE II	Principal street address		Mailing address, if different is:	
;	3445 NE 167th Street		3445 NE 167th S	
	orth Miami Beach, Ft. 33160			ch, FL 33160
•				No. 4.
ARTICLE III				
The purpose for w	hich the corporation is organized is:			
Provide prom	notional and publicity support to the	e enterta	inment industry.	31 PH 1:0
	res of stock is: 1000 shares			IDA
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS		
	tle: sabella Acker		e and Title:	
Address:	Partner President	Addr		
	3445 NE 167th Street			
	North Miami Beach, FL 33160		<u></u>	
Name and Ti	Partner Persions	Name	e and Title:	
Address:	Partner Persions	Addr		
	14040 Biscayne Blvd., Apt # 101 North Miami Beach, FL 33181	1		
Name and Ti	tle:	Name	e and Title:	
Address:				
		_ _		
	REGISTERED AGENT	\ _ C .11		
Name:	ida street address (P.O. Box NOT acceptable) Jack F Acker	or the regi	stered agent is:	
Address:	3445 NE 167th Street			
1 taut 035.	North Miami Beach, FL 33160			
	,	 _		
 "	INCORPORATOR			
Name:	ress of the Incorporator is:			
Address:	Isabella Acker			
radios.	3445 NE 167th Street North Miami Beach, FL 33160			
Having been name this certificate, I am	d as registered agent to accept service of proc familiar with and accept the appointment as r	ess for the egistered a	above stated corporati gent and agree to act in	this capacity
	Xand J. 18			3/14/2011
/	Required Signature/Registered Agent			Date
submit this docum	ent and affirm that the facts stated herein a partment of State constitutes a third degree felo	re true. I	am aware that the false	e information submitted in a
i /		my as prov	ruca jor in 8.01 /.155, F	·J·
Kaha	1)2 Acros			3/14/2011
- \ ork	Boomer Signature/Incorporator			Date 1