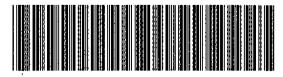
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SEGRETARY OF STATE

JAN -8 SECTION OF STATE

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COVER LETTER

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

SUBJECT: Reb	PROPOSED CORPORA	igration, P.A.	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: R	ebecca Black		
58	300 Beach Blvd		
Ja	acksonville, FL 3		
90	04-999-4928	, State & Zip	
	Daytime 1	relephone number	

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

rcblack.immigration@hotmail.com

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

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: Rebecca Black Immigration, PA				
ARTICLE II	PRINCIPAL OFFICE Principal street address 5800 Beach Blvd Ste. 203-176 Jacksonville, FL 32207		iling address, if different is:	
ARTICLE III	PURPOSE			
	which the corporation is organized is: Pro	ovide professional legal servi	ces.	
ARTICLE IV The number of sh	SHARES pares of stock is: 100			
ARTICLE V	INITIAL OFFICERS AND/OR DIR			
	Title: Rebecca Black, President	Name and Title:		
Address:	5800 Beach Blvd Ste. 203-176	Address:		
	Jacksonville, FL 32207		100	
			<u> </u>	
Name and	Title:	Name and Title:	52	
Address:			THE P	
			<u> </u>	
			mi v	
	Title:			
Address:		Address:	<u> </u>	
				
ARTICLE VI	REGISTERED AGENT			
****	lorida street address (P.O. Box NOT acce	ptable) of the registered agent is:		
Name:	Rebecca Black	<u> </u>		
Address:	502 Bay Ridge Rd			
	Jacksonville, FL 32216			
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	5800 Beach Blvd Sts. 203-176			
Address:	Jacksonville, FL 32207			
				
	med as registered agent to accept service (am familiae with and accept the appointm			
			11//115	
	Required Signature/Registered A		Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
wording to the	peparimetry same consumies a mira def	sice second as biolinea for in 201/1133	/_/ _	
			112/15	
	Regulard Signature/Incorporate	0.5	// Mate	