

P1300000 40888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

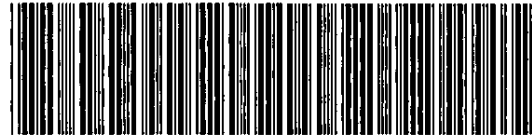
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300247576573

05/06/13--01015--005 **78.75

MRS
5/7/13

FILED
13 MAY -6 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Black Rhino Safety And Defense 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: Brian Morey

Name (Printed or typed)

2109 6th Ave

Address

Deland, FL 32724

City, State & Zip

386-747-7932

Daytime Telephone number

brdefense@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 I NAME

The name of the corporation shall be:

Black Rhino Safety And Defense Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2109 6th Ave

Deland, FL 32724

Mailing address, if different is:

2109 6th Ave

Deland, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian M Morey President

Address

2109 6th Ave

Deland, FL 32724

Name and Title: Becky Morey Vice President

Address:

2109 6th Ave

Deland, FL 32724

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED.

13 MAY -6 PM 12: 04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

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

Name: Brian M Morey

Address: 2109 6th Ave

Deland, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian M Morey

Address: 2109 6th Ave

Deland, FL 32724

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

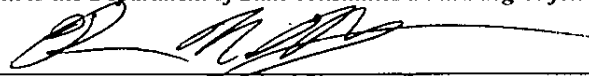


Required Signature/Registered Agent

4/30/13

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.



Required Signature/Incorporator

4/30/13

Date