P13000047413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

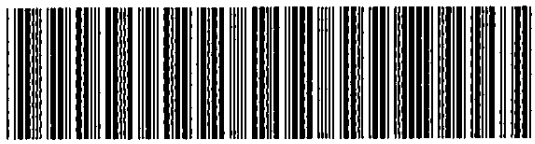
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/28/13--01060--010 **78.75

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13 MAY 28 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/3

COVER LETTER

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

SUBJECT: Black Label Professional Detail Products, 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: Kimberly Schoeps
Name (Printed or typed)

4720 Hidden Lake Dr.
Address

Port Orange, FL 32129
City, State & Zip

386-290-3591
Daytime Telephone number

kas8302@aol.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 Label Professional Detail Products, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

4720 Hidden Lake Dr.
Port Orange, FL 32129

Mailing address, if different is:

Effective Date 05/23/2013

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to create our own brand of detail products to be sold for a profit.

ARTICLE IV SHARES
The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Schoeps : President
Address: 4720 Hidden Lake Dr.
Port Orange, FL 32129

Name and Title: Kurt Schoeps : Vice President
Address: 4720 Hidden Lake Dr.
Port Orange, FL 32129

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: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kimberly Schoeps

Address: 4720 Hidden Lake Dr.

Port Orange, FL 32129

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kimberly Schoeps

Address: 4720 Hidden Lake Dr.

Port Orange, FL 32129

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

_____ 5/22/13

Required Signature/Registered Agent — 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.

_____ 5/22/13

Required Signature/Incorporator — Date

Articles of Incorporation Effective Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For the Incorporation of Black Label Professional Detail Products, Inc., we would like to make the effective date 5 (Five) days previous to receipt of the Articles.

Thank you!

Effective Date 05/23/2013

Kimberly Schoeps

Registered Agent and Incorporator