

PA000055424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

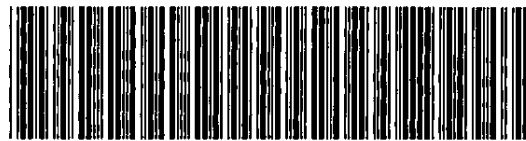
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/14--01049--004 **78.75

14 JUN 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-36337

COVER LETTER

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

SUBJECT: Black hat services 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: _____
Name (Printed or typed)

2221 washburn Ave
Address

Naples Fla 34117
City, State & Zip

239-370-6457
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

BLACK HAT SERVICES INC
2221 WASHBURN AVE
NAPLES, FL 34117

SUBJECT: BLACK HAT SERVICES INC
Ref. Number: W14000036337

14 JUN 25 AM 10:50
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for BLACK HAT SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00012643

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 hat services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2221 washburn ave
Naples Fla 34117.

same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all related
services

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
14 JUN 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rick VukSANOVIC Name and Title: President

Address: 2221 washburn Address: same
Ave Naples Fla
34117

Name and Title: ~~Rick VukSANOVIC~~ Name and Title: ~~Rick VukSANOVIC~~
Address: ~~2221 washburn Ave~~ Address: ~~2221 washburn Ave~~
~~Naples Fla 34117~~ ~~Naples Fla 34117~~

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rick Vukisanovic

Address: 2221 washburn ave
Naples Fla 34117,


ARTICLE VII INCORPORATOR

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

Name: Rick Vukisanovic

Address: 2221 washburn ave
Naples Fla 34117,

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

5-28-2014
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

17-2014
JUN 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA