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## COVER LETTER

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

SUBJECT: Code Black Creative Incorporate (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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Leighton Silvestro  
Name (Printed or typed)

6616 Seafairer Dr  
Address

Tampa, FL 33615  
City, State & Zip

813-454-5592  
Daytime Telephone number

silvestro.leighton@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: Code Black Creative, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1327 E 7th Ave  
Tampa, FL 33605

6616 Seafairer Dr  
Tampa, FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Advertising Agency

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**ARTICLE IV SHARES**

The number of shares of stock is: 3

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Leighton Silvestro / Creative Director Name and Title: \_\_\_\_\_

Address: 6616 Seafairer Dr Address: \_\_\_\_\_  
Tampa, FL 33615

Name and Title: Leanna Silvestro / Administrative Name and Title: \_\_\_\_\_

Address: 6616 Seafairer Dr Address: \_\_\_\_\_  
Tampa, FL 33615

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Leighton Silvestro

Address: 6616 Seafairer Dr  
Tampa, FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leighton Silvestro

Address: 6616 Seafairer Dr.  
Tampa, FL 33615

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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

Leighton Silvestro  
Required Signature/Registered Agent

1/28/15  
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.

Leighton Silvestro  
Required Signature/Incorporator

1/28/15  
Date