

P15 000019254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

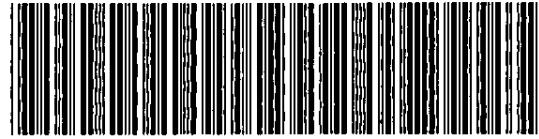
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200269841932

03/02/15--01001--013 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF
15 FEB 27 PM 3:47
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 FEB 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Instaglam Social Review, 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: BOB Logistics, Inc.
Name (Printed or typed)

12289 Pembroke Pines Road Suite 11
Address

Pembroke Pines FL 33026
City, State & Zip

305-625-2222
Daytime Telephone number

betonblackefinance@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: Instaglam Social Review, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12289 Pembroke Rd
Suite 11
Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: information web-based & illustrated
magazine

ARTICLE IV SHARES

The number of shares of stock is: 100 million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly Battle (General Manager) Name and Title: _____

Address 12289 Pembroke Road Address: _____

Suite 11

Pembroke Pines FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 27 PM 3:53

APPROVED
AND
FILED

(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: BOB Logistics Inc
Address: 12289 Pembroke Rd Suite 11
Pembroke Pines FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelly Battle
Address: 12289 Pembroke Rd Suite 11
Pembroke Pines, FL 33025

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

Kelly Battle 2/27/2015
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.

Kelly Battle 2/27/2015
Required Signature/Incorporator Date