

P/5000044991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

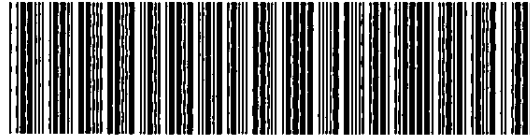
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700272907367

700272907367

05/18/15--01023--025 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 18 PM 2:58

05/20/15

COVER LETTER

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

Black Crow Coffee Co.

SUBJECT: _____
(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: Greg Bauman

Name (Printed or typed)

19221 gulf blvd

Address

Indian Shores Fl. 33785

City, State & Zip

727-254-8959

Daytime Telephone number

gbblue11@yahoo.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

Black Crow Coffee Co.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

722 2nd St. North St. Petersburg Florida 33701

19221 gulf blvd Indian Shores Fl 33785

ARTICLE III PURPOSE

for business organization

The purpose for which the corporation is organized is: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 18 PM 2:58

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Bauman Owner Name and Title: _____

Address 146 9th avenue NE st petersburg Fl. 33701 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: _____
Greg Bauman
Address: _____
146 9th Ave. NE St. Petersburg Fl. 33701

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 18 PM 2:58

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Greg Bauman
Address: _____
146 9th Ave NE St. Petersburg Fl. 33701

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Date May 14/15

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

Date May 14/15