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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	



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SECRETARY OF STATE
VALUAHASSEE, FLORIDA

2015 SEP 21 PM 1: 5

COVER LETTER

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

SUBJECT:	plackburn Dryu	uall Service	o, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Randy Blad	Churn		
Name (Printed or typed)				
Po Box 560072 Address				
	Montverde, City,			
907 - 468 - 9737 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.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: Blackbu	un Drywall S	Services, Inc.
	IPAL OFFICE Principal <u>street</u> address) Maili	ing address, if different is:
16713 tay	lor Grabeal Roa		30x 560072
Montver			tverde, PL 3475
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is:	to conduct and	and all burful
	or which corporat		result pursuant
			20 5 SE SE SE
	dock is:		P21 PM 1:27 HASSEE FLORID
Name and Title. Address	Randy Blackburn 16713 Taylor Grat PO box 56007 Montvade, PL	Address:	
Name and Title:		Name and Title:	

Name and Title:	Name and Title:
Address	Address:
	
	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name: Karry Blackbur	<u>~</u>
Address: 16713 Taylor	Graped Rd
Montrude, FZ	34756
<u>ARTICLE VII INCORPORATOR</u>	
The name and address of the Incorporator is:	
Name: Randy Black!	ain
Address: 16713 Taylor	Graber Rd
Manufess. Manufess Ma	247 <k< td=""></k<>
11007 Verve, 12	
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL) cific and cannot be more than five business days prior or 90 business
days after the filing.)	thic and cannot be more than rive business days prior or 30 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept so this certificate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Park -	- 9/15/15
Required Signature/Regis	tered Agent Date
I submit this document and affirm that the facts st	ated herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a th	aird degree jelony as provided for in s.817.155, F.S.
120 136	9/15/18
Required Signature/Incorporator	Date