P15000083210

10/8/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

15 OCT -8 PM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

BLACK WOOD DESING, INC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	$87.50

October 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KRISJOENNA SERVICES, INC.

SUBJECT: BLACK WOOD DESING, INC
REF: W15000066800

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name that appears in article one must match the name on your fax audit cover sheet.DESINGDESIGN

It appears that the word DESING in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled DESING. If you did not misspell this word intentionally, please correct the spelling to read DESIGN and resubmit the document for processing.

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

FAX Aud. #: H15000240081
Letter Number: 215A00021284

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

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 WOOD DESING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
500 NW 107 AVE #9	N/A
MIAMI,FL 33179	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY PROPUSE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JOSE LEONARDO BENCOMO BECERF	Name and Title:	PRESIDENT
Address	500 NW 107 AVE#9	Address:	
	MIAMI, FL 33179		
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: MORUAN KARAME

Address: 8600 NW 64 ST

MIAMI-FLORIDA 33166

ARTICLE VII INCORPORATOR

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

Name: JOSE LEONARDO BENCOMO BECERRA

Address: 500 NW 107 AVE # 9

MIAMI-FLORIDA 33179

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/06/2015 (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

Moruan Karame 10/06/2015

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.

10/06/2015

Required Signature/Incorporator — Date