

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 : CORP USA
Account Number : 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

76 MAR 15 AM 7:34

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

BLACK AND WHITE GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

107921

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Black and White Group, 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: Sebastian Saad
Name (Printed or typed)

5775 NW 84th Ave
Address

Doral, FL 33166
City, State & Zip

786-587-8059
Daytime Telephone number

bwp cleaners@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: Black and White Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5715 NW 84th Ave
Doral, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Sebastian Saad (President)

Name and Title:

Address:

5715 NW 84th Ave
Doral, FL 33166

Address:

Name and Title:

Gabriel Vera (Vice-President)

Name and Title:

Address:

5715 NW 84th Ave
Doral, FL 33166

Address:

Name and Title:

Name and Title:

Address:

Address:

16 MAR 15 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

APPROVAL
AND
FILED

16 MAR 15 AM 7:34

Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ Address: TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sebastian Saad
Address: 5775 NW 84th Ave
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sebastian Saad
Address: 5775 NW 84th Ave
Doral, FL 33166

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

[Signature]
Required Signature/Registered Agent

3/15/16
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.

[Signature]
Required Signature/Incorporator

3/15/16
Date