

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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OARCHOL

FLORIDA PROFIT/NON PROFIT CORPORATION BLACK AND WHITE GROUP, INC.

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Corporate Filing Menu

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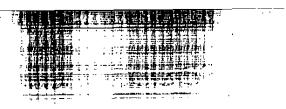
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COVER LETTER

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

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| SUBJECT: BI | ack and Whit | e Group, l | NC UDE SUFFIX | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | a check for: | _ |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status | |
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| FROM: | | an Saac (Printed or typed) | l l | OWI |
| OMCO. C | 5775 N | 1W 84 ^m | Ave | a. OAKCINA |
| | Doral. 1 | =1 38166 State & Zip | 0 | Mad Anne |
| | 780-5 Daytime Te | 87-8059 | 9 | , |
| - | bwp dea E-mail address: (to be used | nersegn for future annual report n | |) |

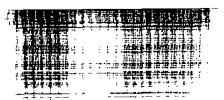
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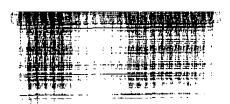
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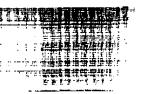




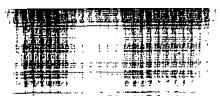
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| IRTICLE I NAM The name of the corpo | ration shall be: $egin{array}{c} \underline{E} \end{array}$ | <u> </u> | | | | |
|---|--|------------------------------------|---|---------|-----------------------|---------------|
| | NCIPAL OFFICE Principal street addre | | | | s, if different is: | |
| 5715 NW | 1 84th Av | e_ | | | | |
| Doral, F | 33106 | | | | | |
| RTICLE III PUR | POSE h the corporation is orgi | anized is: | | | | |
| | | iny and | all la | wful | busir | <u>ress</u> |
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| e number of shares CTICLE V INIT Name and Ti | ide Gabriel | Vera (Vice | Name and Title: Address: Presi dent Name and Title: | | TALLAHASSEE SI DRICA | 5 5 |
| Name and Tit | of stock is: IAL OFFICERS AND/ tle: Sebastic 5775 NW DOTAL, FI 10: Gabriel 5775 NW | Vera (Vice | Name and Title: Address: Presi dent Name and Title: | | TALL AH SEE 19 ORIGE | 5 5 |
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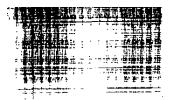
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rior or assignment







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| Name and T | itle: | Name and TISECRETARY FALLAHASSE | OF STATE |
|--------------------------|--|---------------------------------|--|
| Address | | Address: | E. P.CRALIE |
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| | | | |
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| | | | |
| | <u>GISTERED AGENT</u> da street address (P.O. Box NOT acceptable) o | f the registered agent is: | - |
| | Sebastian Saad | • | |
| - tunte, | 5775 NW 84th Ave | _ | |
| Address: _ | | - | |
| | Doral, F1 33166 | _ | |
| | | | |
| ARTICLE VII INC | CORPORATOR | | |
| The name and addre | ess of the Incorporator is: | | |
| Name: | Sebastian Saad | _ | |
| Address: | 5775 NW 84th Ave | - | |
| Additions, | , | • | |
| | Doral, 71 33100 | _ | |
| | | | |
| ARTICLE VIII EF | FECTIVE DATE: sy than the date of filing: | (OPTIONAL) | · · · · · · · · · · · · · · · · · · · |
| (If an effective date | r than the date of filing: | t be more than five business | days prior or 90 business |
| days after the filing. | | AIM) Eigh | - Charles State of the Control of th |
| | erted in this block does not meet the applicable | | this date will not be listed as |
| me doctment s ellec | tive date on the Department of State's records." | | • |
| Having been named | as registered agent to accept service of process | | tion at the place designated in |
| this certificate, I am j | familiar with and accept the appointment as reg | istered agent and agree to act | in this capacity |
| | Will be | | 3/15/16 |
| مسبسنر | Acquired Signature/Registered Agent | | Date |
| I submit this docume | ent and affirm that the facts stated herein are | true. I am wware that the fall | se information submitted in a |
| document to the Depo | priment of State constitutes a third degree felon | y as provided for in s.817.155 | F.S. |
| <u></u> | That is | | 3/15/16 |
| Required | segature/Incorporator | | Date |
| | | | |