

PN 0000 10581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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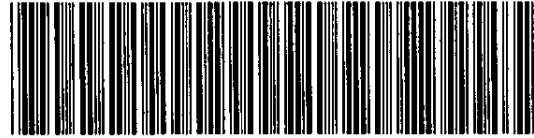
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 02 2017

T. SCOTT

17 FEB -1 AM 10:47  
FILED  
CLERK OF COURT  
JANUARY 17, 2017

## COVER LETTER

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

**SUBJECT:** BLAC Management Services, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kirsten Kappus

\_\_\_\_\_  
Name (Printed or typed)

1250 Barclay Blvd

\_\_\_\_\_  
Address

Buffalo Grove, IL 60089

\_\_\_\_\_  
City, State & Zip

877-894-0073

\_\_\_\_\_  
Daytime Telephone number

chrisw@tricountymetals.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: BLAC Management Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

301 SE 16th Street

PO Box 1120

Trenton, FL 32693

Trenton, FL 32693

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to act as a management company

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher Weatherilt / Director

Name and Title: Betsy Weatherilt / Director

Address 301 SE 16th Street

Address: 301 SE 16th Street

PO Box 1120

PO Box 1120

Trenton, FL 32693

Trenton, FL 32693

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
AND  
RECORDED  
17 FEB - AM 10:47  
CLERK OF THE COURT  
JULIA A. WILSON  
TALLAHASSEE, FLORIDA

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: Christopher Weatherilt  
Address: 301 SE 16th Street  
Trenton, FL 32693

**ARTICLE VII INCORPORATOR**

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

Name: Christopher Weatherilt  
Address: 301 SE 16th Street  
Trenton, FL 32693

**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 days prior or 90 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*

Christopher Weatherilt 1/23/17  
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.*

Christopher Weatherilt 1/23/17  
Required Signature/Incorporator Date