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COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	tung. Inc	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	Status OPY REQUIRED
3	Basen Hakin Nam 104 Aprinches allahassee, f City 850491995 Daytime	Address C 32 3 11 , State & Zip Telephone number	
	E-mail address: (to be use	ed 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)

The name of the corporation shall be: Black Mus	tang. Inc
ARTICLE II PRINCIPAL OFFICE Principal street address 3404 A palacher PKWX #A, Tallahasser, £(3231)	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and All legel Poses	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ra Sem Hakim Preside Address 34 a4 Apalas her Planty, for the president of the	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 ac	eceptable) of the registered agent is:
	·
Name: Basen Hatin	
Address: 3404 Apalacher	
# A, Tallahasse	ex fl 32311
ARTICLE VII INCORPORATOR	· ·
The <u>name and address</u> of the Incorporator is:	
Name: Basem Halsiv Address: 3404 Apalac	
Address: 3404 Apalac	han PKW Y
#A, Tallaha	Scae, FL 32311
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specified days after the filing.)	c and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of States	e applicable statutory filing requirements, this date will not be listed as e's records.
Having been named as registered agent to accept servi- this certificate, I am familiar with and accept the appoin	ce of process for the above stated corporation at the place designated in nument as registered agent and agree to act in this capacity
5	04/26/17
Required Signature/Registere	d Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third	I herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
	54/26/17
Required Signature/Incorporator	of / Date