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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Phone

Account Number : I200000000019 : (305)552-5973

Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION **BLACK BOX SUPPLIES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE	02/03
PAGE	02/03

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the

A CLA CO The name of the corporation is:		
BLACK BOX Supplies Inc		
ARTICLE II PRINCIPAL OFFICE:	~ <u> </u>	
The primary .		
12419 SW 778t HIGHI F1, 33183		
- (mill 41, 53183		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
LISAUDA Coper (Prosident)		
Danger Adonis Hardinez (VP)		
The name and Florida street address (PO Box not accompable)	~	
The name and Florida street address (PO Box not acceptable) of the registered agent F	08 A	typen
D	AUG I	
TORING TORINGS	16 /	
12419 SW 778+ HIGHI FC , 33183 MG	AM ==	
— — — — — — — — — — — — — — — — — — —	: 02	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Lisayda Coper		
12419 SW 77 st Highi FL, 33183		
<del></del>		

H18000239864

Date

## Required Signatures:

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

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.

egistered Agent

Incorporator Date

ZOIBAUG 16 AM II: OF STATE SECRETARY OF STATE AHASSEE. FL