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FLORIDA PROFIT/NON PROFIT CORPORATION David K. Black, P.A.

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ARTICLES OF INCORPORATION (

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

TICLE II PRIN	VCIPAL OFFICE Principal street address		Mailing address, if different	is:
East Las Olas E	Blvd., Suite 1000			
Lauderdale, FL 3	33301	 ,		
ICLE III PURI purpose for which	· 			
	nal services in connection with the pra	ctice of law.		_
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	f stock is:			
CLE V INTIL	AL OFFICERS AND/OR DIRECTORS	Name and Title		
	AL OFFICERS AND/OR DIRECTORS			
Name and Titl	AL OFFICERS AND/OR DIRECTORS David K. Black, DPST	Name and Title: Address:		
Name and Titl	David K. Black, DPST 350 East Las Olas Blvd., Suite 1000			
Name and Titl	David K. Black, DPST 350 East Las Olas Blvd., Suite 1000 Ft. Lauderdale, FL 33301			
Name and Titl Address	David K. Black, DPST 350 East Las Olas Blvd., Suite 1000 Ft. Lauderdale, FL 33301	Address:		
Name and Title	David K. Black, DPST 350 East Las Olas Blvd., Suite 1000 Ft. Lauderdale, FL 33301	Address: Name and Title:		
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Name and Title:		Name and Title:		
Addre	ess	Address:		
		-		
ARTICLE VI	REGISTERED AGENT	N. 64		
Name:	Florida street address (P.O. Box NOT acceptabl David K. Black	:) Of the registered agent is:		
Address:	350 East Les Olas Blvd., Suite 1000			
	Ft. Lauderdale, FL 33301	_		
<u>ARTICLE VII</u>	INCORPORATOR			
The <u>name and</u> :	address of the Incorporator is:			
Name:	David K. Black			
Address:	350 East Les Olas Blvd., Suite 1000			
	Ft. Lauderdale, FL 33301	_		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	(OPTIONAL) not be more than five days prior or 90 days after the		
Note: If the dat	e inserted in this block does not meet the applicate effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as s.		
Taving been na. hts certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity		
)) +	Del .	12-17-18		
	Required Signature/Registered Agent	Date		
submit this document to the	cument and affirm that the facts stated herein at Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a only as provided for in s.817.155, F.S.		
<u>/)</u> \√	'De	12-17-18		
Kequi	ired Signature/Incorporator	Date		