(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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05/28/19--01004-015 FILED AHASSEL TION

19 MAY 28 PH 2: 39

J. FASON MAY 28 2019 RECEIVE

COVER LETTER

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

SUBJECT:	BLACK (PROPOSED CORPORA)	E NAME - MUST INCLU		VOTE Inc.
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	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
	•			
· FROM:	Charles	(Printed or typed)	<u>N</u>	·
901 S.E. 18th Terrece				
Gaine Sulle F1 32641				
352-231-0294				
Bcf+2Bcm @GRu.net				
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	on shall be: BLack	men (hat)	lote Inc.
ARTICLE II PRINCIP	PAL OFFICE Trincipal street address 18 + h Terrece	Mailing addr	ess, if different is:
	1011/e F/ 3264	·	
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is:		
	1ster monto Vo		
Edu	icate Voter on	W:se Candid	ates
	anize and Rall	y voter's Rig	nt Topics
	LOFFICERS AND/OR DIRECTORS Pres Charles Gost		
Address	901 SE, 18th Terra		
	Garnes Oille Fl		
	32641		2013
Name and Title:		Name and Title:	
Address			28 Sal
			2: 5
			3. G
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 acceptable)	s at the registered agent is:			
7 7 11 1000				
Address: 53 Bride Gate Dr				
Crowfordulle FI	- 32327-			
	<u> </u>			
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:	الم الم			
Name: Charles Gosto Address: 901 SE 18+6	<u>N</u> T 110 C0			
Address: 901 SE 18th Garnesville Fl	32 6 41			
Garres VIII ? 1				
ARTICLE VIII EFFECTIVE DATE:	8 2019			
Effective date, if other than the date of 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. Lain familiar with and accept the appointment as registered agent and agree to act in this capacity				
Don W ID	91-3.6-2			
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.				
Chrone, bondos	5-28-19			
Required Signature/Incorporator	Date			