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7/16/2019

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ANSHAW BLACK INC**

Certificate of Status	0
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ATLANTA, GA

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Corporate Filing Menu

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JUL 17 2019

**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: ANSHAW BLACK INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1825 PONCE DE LEON BLVD 160CORAL GABLES, FLORIDA 33134

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANGELO DOMINGUEZ PRESIDENTAddress 1825 PONCE DE LEON BLVD 160CORAL GABLES, FLORIDA 33134

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

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

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

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

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

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

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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: ANGELO DOMINGUEZ  
Address: 1825 PONCE DE LEON BLVD 160  
CORAL GABLES, FLORIDA 33134

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ANGELO DOMINGUEZ  
Address: 1825 PONCE DE LEON BLVD 160  
CORAL GABLES, FLORIDA 33134

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

07/12/2019  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

07/12/2019  
Date