# P2000057317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
34

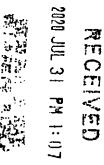
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2020 JUL 31 AM 8: 43 SECRETA::Y OF STATE TALLAHASSEE, FL

FILED



N CUIT

## Sunshine State Corporate Compliance Company

# 3458 Lakeshore Drive, Tallahassee, - Florida 32312 (850) 656-4724

DATE 07/31/2020		**WALK IN
IBI ACK		**WALK HY
ENTITY NAME JBLACK	HOLDINGS INC.	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	CEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		-
TOTAL OWED \$70.00	ACCOUNT #: I20160000072	_
Dlaga and Time at the	above number for any issues or concerns. Thank you so m	11

### **COVER LETTER**

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

SUBJECT: JBI	ack Holdings Inc.		
		TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	la check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: K	ate Wood c/o Zer		C
59	900 Balcones Dr,	(Printed or typed) Suite 5000 Address	
A	ustin, TX 78731		
	City.	State & Zip	

844-493-6249

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

fulfillment@zenbusiness.com

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

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The name of the corpo	oration shall be: JBlack Holdings Ir	nc.	2020 JUL 3 I	AM 8: 40
	NCIPAL OFFICE Principal street address		Mailing address, if different SECRETARY	OF STAT
Miami, FL 33	131			•
ARTICLE III PUR The purpose for whie	POSE the the corporation is organized is:			
Business cor	sulting, brokering, and acqu	uisitions		
				:
· · · · · · · · · · · · · · · · · · ·				
	•			
ARTICLE IV SHA The number of shares	of stock is: 100,000			
	Ioseph Vogt President		Angola Link Conroton	
	Joseph Vogt, President 848 Brickell Avenue	Name and Title	Angela Link, Secretary	
Address		Address:	848 Brickell Avenue	
	Penthouse 5	_	Penthouse 5	
	Miami, FL 33131	_	Miami, FL 33131	
Name and Ti	<sub>tle:</sub> Joseph Vogt, Director	Name and Title	Angela Link, Director	
Address	848 Brickell Avenue	Address:	848 Brickell Avenue	
	Penthouse 5	<del></del>	Penthouse 5	
	Miami, FL 33131	_	Miami, FL 33131	٠.
Name and Tir	de: Angela Link, Treasurer	Name and Title	:	-
Address	848 Brickell Avenue	Address:	·	
· MANAGE GETST	Penthouse 5			
	Miami, FL 33131	_		

Name an	id Title:	Name and Title:		
Address		Address:		
		<del> </del>		<del></del>
ARTICLE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Registered Agents Inc.			
Address:	7901 4th St N, Ste 300	· -		
	St. Petersburg, FL 33702		1 13 13 13	2021
			JAKE PSYCE	. ال
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		Î Â	<u>−</u> မ
The name and a	ddress of the Incorporator is:		<b>第</b> 卷	_ <del>_</del>
Name:	Joseph Vogt			L31 AM 8
Address:	848 Brickell Ave, Penthouse 5	•	SECRETARY OF STATE TALLAHASSEE, FL	2020 JUL 31 AM 8: 43
	Miami, FL 33131	-	mi	<u> </u>
Effective date, if	EFFECTIVE DATE: Other than the date of filing: late is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five days prio	r or 90 days after (	the
Note: If the date the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, the	nis date will not be	listed as
Having been nan certificate, I am j	ned as registered agent to accept service of process fo familiar with and accept the appointment as register.	or the above stated corporation o ed agent and agree to act in this	nt the place designate capacity	ted in this
/s/ Bill Hav	vre, President		7/30/2020	
	Required Signature/Registered Agent		Date	
I submit this document to the .	cument and affirm that the facts stated herein are Department of State constitutes a third degree felony	true. I am aware that the false was provided for in s.817.155, F	information subm .S.	itted in a
/s/ Joseph	Vogt		7/30/2020	
Required Signatu		Date		