

P210000001671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

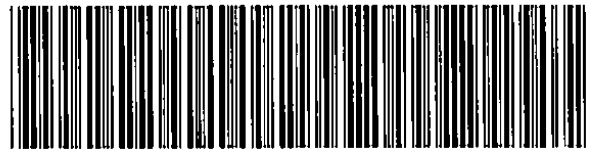
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -8 PM 4:32

TALLAHASSEE, FL

2021 JAN -8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>The Black Barn Inc.</u>	<u>98.75</u>
FOR OFFICE USE ONLY	

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☒ C.U.S.

FILING:

☒ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 1/8/21 TIME _____

Notes: _____

FILED

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

2021 JAN -8 AM 9:30

ARTICLE I NAME

The name of the corporation shall be:

The Black Barn Inc

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2017 gregory rd orlando, FL 32825

9841 Berry Deane Rd
orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Walker Flores (President)

Name and Title:

Address

9841 Berry Deane Rd
orlando, FL 32825

Address:

Name and Title:

Chantelle Flores (VP)

Name and Title:

Address

9841 Berry Deane Rd
Orlando, FL 32825

Address:

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) of the registered agent is:

Name: _____

Address: _____

Chantelle Flores
9841 Berry Place Rd
Orlando, FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

Chantelle Flores
9841 Berry Place Rd
Orlando, FL 32825

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/7/2021 (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

1/7/20
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

1/7/20
Date

2021 JAN -8 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL