Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000187622 3)))



H220001876223ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION Blackwell Miami Inc.

Certificate of Status Certified Copy 0 01

Page Count Estimated Charge \$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	ion shall be: Blackwell Miam	i Inc.	
ARTICLE II PRINC		Mailing addre	es if different is:
	· —	Mailing address, if different is:	
1801 NE 123rd St	, Suite 314	1801 NE 123rd S	t, Suite 314
North Miami, FL 33181		North Miami, FL 33181	
ARTICLE III PURPO The purpose for which the	<u>OSE</u> he corporation is organized is:	Automotive repair services	
			2022 H
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA		<u></u>	27 PH 3: 42
Name and Title	Harmony Schroder, DIRECTOR	Name and Title:	夏州 2
Address	1801 NE 123rd St, Suite 314	Address:	
	North Miami, FL 33181		
Name and Title		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
			
			·· ····

Name and Tit	le:	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
	- <u> </u>		
ARTICLE VI REG	<u> ISTERED AGENT</u> <u>a street address</u> (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Harmony Schroder		
Address:	1801 NE 123rd St, Suite 314	_	
	North Miami, FL 33181	_	2022
			022 HAY 27
ARTICLE VII INC			27
The name and address	ss of the Incorporator is:		
Name:	STEPHAN MONEREAU	_	္ကုန္ပ်
Address:	100 WALL STREET STE 503	·	D PM 3: 42 F STATE FIGURIDA
	NEW YORK, NEW YORK 10005	_	
ADTICLE LALL FE	ET COTTUDE IS A OFFE		
ARTICLE VIII EF.	r than the date of filing:	(OPTIONAL))
(If an effective date ifiling.)	is listed, the date must be specific and can	ot be more than five days p	rior or 90 days after the
	rted in this block does not meet the applicablive date on the Department of State's records		s, this date will not be listed as
Having been named a certificate, I am famili	s registered agent to accept service of process iar with and accept the appointment as registe	for the above stated corporation ered agent and agree to act in t	on at the place designated in this this capacity
2/2			05/26/2022
	Required Signature/Registered Agent	 _	Date
	nt and affirm that the facts stated herein ar		
aocument to the Depa	rtment of State constitutes a third degree felo	ny as provided for in s.817.155), F.S.
			05/26/2022
Required Signature/In	corporator		ate