

To:

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From: Yanet Avila

6/7/22, 11:44 AM

Division of Corporations

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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BLACK CROW MANAGEMENT INC**

Certificate of Status	0
Certified Copy	1
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BLACK CROW MANAGEMENT INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1100 BISCAYNE BLVD 2502MIAMI, FL 33132**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OLIVER BOMENY RAWLINGS (P)

Name and Title: _____

Address 1100 BISCAYNE BLVD 2502

Address: _____

MIAMI, FL 33132

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: OLIVER BOMENY RAWLINGS
 Address: 1100 BISCAYNE BLVD 2502
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

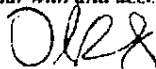
Name: OLIVER BOMENY RAWLINGS
 Address: 1100 BISCAYNE BLVD 2502
MIAMI, FL 33132

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.

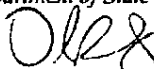
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

June 3, 2022

Date

2022 JUN -7 PM 1:00