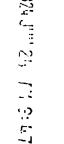
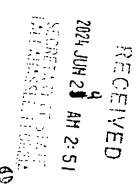
# 

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

Office Use Only







#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv

#### **ORDER FORM**

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

**FROM** Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 6/24/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#)

**ORDER ENTITY** 

BLACK GOLD COMPOST HOLDINGS, INC.

### PLEASE PERFORM THE FOLLOWING SERVICES:

BLACK GOLD COMPOST HOLDINGS, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

#### **COVER LETTER**

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

	(PROPOSED CORPOR)	NTE NAME - <u>MUST INCL</u>	UDE SUFFIX)
nelosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
X; \$70,00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	ET \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	1 17th Street, NW, Suite 2100	e (Printed or typed)	LP G
	Nam 11 17th Street, NW, Suite 2100	• •	LP G.
17	Nam 1 17th Street, NW, Suite 2100 Itianta, GA 30363	e (Printed or typed) Address	LP
17	Nam 1 17th Street, NW, Suite 2100 Itianta, GA 30363	e (Printed or typed)	LP G

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

#### 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: Black Gold	d Compost Hole	dings. In	3		
ARTICLE II PRINCIPAL OFFICE Principal street address 11424 CR 237				Mailing address, if different is:		
Oxford. FL 34484		<del></del>		P.O. Box 190 Oxford, FL 34484		
ARTICLE III PURPO The purpose for which the	<u>2SE</u> he corporation is organized	is: _ Any and a	all lawful	business		<del></del>
<del>-</del>			-			· <u>-</u>
			•		-	
-	-			· —··		
	_		-			
		<del>-</del> -	-			
	stock is: 7.500				5.03 J	
Name and Title	Robert M. Lange, CEO. F & Secretary	President, Dired	ctor <sub>Name</sub>	and Title:	Robert V Lange, VP & Director	<u> </u>
Address	1750 Buena Vista Dr.		Addr	esst	1973 Appalachee Circle	<u></u>
	Eustis, FL 32726				Tavares, FL 327881,	j j
Name and Title:	Erin Futch, Treasurer		Name	and Title:	Joseph Futch, Director	
Address	P O Box 190		Addr	essi .	P O Box 190	<del></del>
	Oxford, FL 34484		<del></del>		Oxford, FL 34484	·····
Name and Title:	Stephen Lange, Director		Name	and Title:		
Address	P.O Box 190		Addr	e881		
	Oxford, FL 34484		_		· · · ·	

Name and Title:		Name and Title:	
Address		Address:	
ARTICLEST	REGISTERED AGENT		
	Torida street address (P.O. Box NOT accepts	able) of the registered agent is:	
Name:	Robert M. Lange		
Address:	1750 Buena Vista Dr	·5	
	Eustis, FL 32726		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Robert M. Lange	<del></del>	
Address:	1750 Buena Vista Dr		
	Eustis, FL 32726	<del></del>	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	Other than the date of filing:	OPHONAL) 1 73	
(If an effective ( filing.)	date is fisted, the date must be specific and	cannot be more than five days prior or 90 days after the	
mang.)			<u>.</u>
Note: If the date	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed a	: <u> </u>
me document se	arective date on the exeparation of state size	cords.	
Having been nan	ned as registered agent to accept service of pr	ocess for the above stated corporation at the place designated in the	, (%)
certificates shame	familiar with and accept the appointment as i	registered agent and agree to act in this capacity	_
11/2000	~ <u>`</u>	6/21/2024 - 1	
58929588FA	Required Signature/Registered Age	nt Date	
I submit this do		in are true. I am aware that the false information submitted in	
da <del>cunitegçingtite</del>	Department of State constitutes a third degre	e felony as provided for in s.817.155, F.S.	u
Writing	3	6/21/2024	
58929568FA19 Required Signati		Date	
	and the same of th	Pare	