

P23000037532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

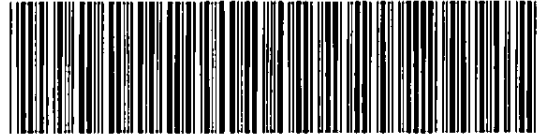
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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AD  
5/17/23

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PROGRAM

23 MAY 11 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2023 MAY 11 PM 3:20

SECRET

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**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** 5/11/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1145582

**ORDER ENTITY**  
108 KEY WEST TEMP TATTOOS, INC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
108 KEY WEST TEMP TATTOOS, INC (FL)

New corp filing

**NOTES:**  
\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
23 MAY 11 AM 8:24  
FILED

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

SUBJECT: 108 Key West Temp Tattoos, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

23 MAY 11 AM 8:24  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

FILED

FROM: Priel Vaknin  
Name (Printed or typed)

616 Duval Street  
Address

Key West, FL 33040  
City, State & Zip

305-393-6925  
Daytime Telephone number

JmarcusCPA@yahoo.com  
E-mail address: (to be used for future annual report notification)

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 corporation shall be: 108 Key West Temp Tattoos, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
108 Duval Street  
Key West, FL 33040

Mailing address, if different is:  
616 Duval Street  
Key West, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and lawful business  
Store front Henna temporary tattoos

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Priel Vahala (P)</u>	Name and Title: _____
Address: <u>616 Duval St</u>	Address: _____
<u>Key West, FL 33040</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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23 MAY 11 AM 8:25  
SECRETARY OF STATE  
FALLAH SHERIF

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: Priel Vaknin  
 Address: 616 Duval Street  
Key West, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Priel Vaknin  
 Address: 616 Duval Street  
Key West, FL 33040

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 23 MAY 11 AM 8:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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*

*Priel Vaknin* \_\_\_\_\_ 5/11/23  
 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.*

*Priel Vaknin* \_\_\_\_\_ 5/11/23  
 Required Signature/Incorporator Date