

P23000037532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

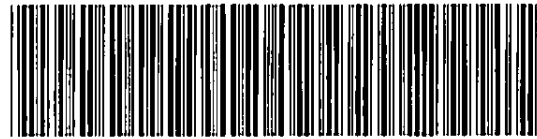
(Document Number)

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

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

2023 MAY 11 PM 3:20

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SECRET

*[Handwritten signature]*

**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,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

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23 MAY 11 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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.

SECTION 207.01, F.S.  
TALLAHASSEE, FLORIDA

23 MAY 11 AM 8:24

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**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: Priel Vahala (P) Name and Title: \_\_\_\_\_

Address: 616 Duval St Address: \_\_\_\_\_  
Key West, FL 33040

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Vahnin

Address: 616 Duval Street  
Key West, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Priel Vahnin

Address: 616 Duval Street  
Key West, FL 33040

**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 Vahnin  
Required Signature/Registered Agent

5/11/23  
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 Vahnin  
Required Signature/Incorporator

5/11/23  
Date

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