

L23000234807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

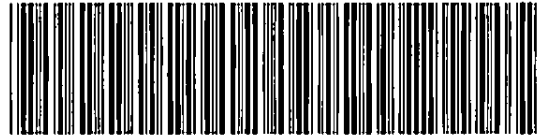
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900408632109

2023 MAY 11 AM 8:25

PM 1:50

2023 MAY 11 PM 3:20

PM 2:00



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
220 KEY WEST TEMP TATTOOS, INC

PLEASE PERFORM THE FOLLOWING SERVICES:
220 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 the initials "MM" or similar, written in a cursive style.

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: 220 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 Vahnia
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: 220 Key West Temp Tattoos, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
220 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

FILED
2023 MAY 11 AM 8:25
CLERK OF DISTRICT COURT
KEY WEST, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Priel Vahnin (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: _____

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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 2023 MAY 11 AM 8:25
 STATE OF FLORIDA
 DEPARTMENT OF STATE

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 _____ Date 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 _____ Date 5/11/23
 Required Signature/Incorporator Date