

P03000058926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

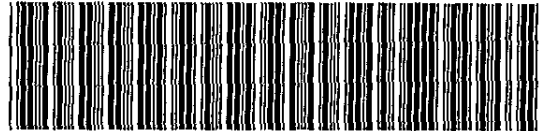
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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did not answer*

03 MAY 29 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

✓

*uncl20*

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

WOLFF MANAGEMENT

(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: \_\_\_\_\_

OLIVIA WOLFF

Name (Printed or typed)

9150 W. ATLANTIC BLVD #1725

Address

CORAL SPRINGS FLORIDA 33071

City, State & Zip

954 757-1040

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 16, 2003

OLIVIA WOLFF  
9150 W. ATLANTIC BLVD. #1725  
CORAL SPRINGS, FL 33071

SUBJECT: WOLFF MANAGEMENT  
Ref. Number: W03000014136

We have received your document for WOLFF MANAGEMENT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 303A00030483

RECEIVED  
03 MAY 29 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: **WOLFF MANAGEMENT, INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**6033 N.W. 31 Avenue  
Fort Lauderdale, FL 33309**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO manage + market Photographers and other artist in the Fashion industry (Make-up Artist, Hair Stylist, Graphic illustrators)**

**ARTICLE IV SHARES**

The number of shares of stock is:

**one share**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**OLIVIA WOLFF**

**President/owner**

**9150 W. Atlantic Blvd  
#1725  
Coral Springs, FL 33071**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**OLIVIA WOLFF**

**9150 W. Atlantic Blvd #1725  
Coral Springs, FL 33071**

**ARTICLE VII INCORPORATOR**

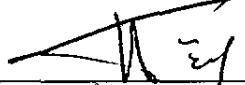
The name and address of the Incorporator is:

**SAME AS ABOVE ↑**

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

**5/6/02**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**5/6/02**  
\_\_\_\_\_  
Date

FILED  
5/22/03  
03 MAY 29 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA