

PO3000134396

(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



800024549918

11/10/03--01094--013 **70.00

FILED
03 NOV 10 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 11/18/03

TRANSMITTAL LETTER

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

SUBJECT: Kid Pain Tattoo, Inc.

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

☒ **\$70.00
Filing Fee**

☐ **\$78.75
Filing Fee
& Certificate**

☐ **\$122.50
Filing Fee
& Certified Copy**

☐ **\$131.25
Filing Fee,
Certified Copy
& Certificate**

ADDITIONAL COPY REQUIRED

FROM:

**Chris Spina
2061 Central Avenue
St. Petersburg, Florida 337143
(727) 821-6990**

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be :

Kid Pain Tattoo, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Kid Pain Tattoo, Inc.
2061 Central Avenue
St. Petersburg, Florida 33713**

FILED
03 NOV 10 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand Shares of Common Stock with a par value of One Dollar Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Chris Spina
2061 Central Avenue
St. Petersburg, Florida 33713**

ARTICLE V INCORPORATOR(S)

See instructions for officers / directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Chris Spina
2061 Central Avenue
St. Petersburg, F.L. 33713

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
30th of October, 2003.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the corporation is:

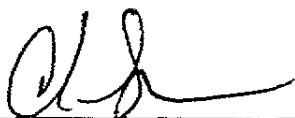
Kid Pain Tattoo, Inc.

2. The name and address of the registered agent and office is:

**Chris Spina
2061 Central Avenue
St. Petersburg, Florida 33713**

**FILED
03 NOV 10 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

10-30-03

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314