

P04000080425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

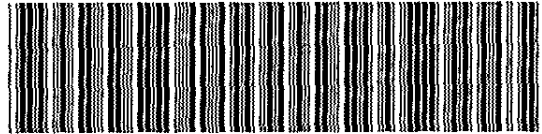
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100036912001

05/19/04--U1031--002 **236.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 8:56
MAY 19 2 11:32
STATE OF FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. N.I.C.E. The Artist, Inc.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 8:56

Examiner's Initials

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:

N.I.C.E. THE ARTIST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4141 NW 5 AVE.
MIAMI, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CAIRNS R. ATHOURIS (P/D)
4141 NW 5 AVE.
MIAMI, FL 33127

ARTICLE VI REGISTERED AGENT

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

CAIRNS R. ATHOURIS
4141 NW 5 AVE.
MIAMI, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAIRNS R. ATHOURIS
4141 NW 5 AVE.
MIAMI, FL 33127

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 8:56

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

x Cairns R. Athouris
Signature/Registered Agent

5/18/04
Date

x Cairns R. Athouris
Signature/Incorporator

5/18/04
Date