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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 NOV -9 PM 4: 04

me 11/10

TRANSMITTAL LETTER

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

SUBJECT: PhotoVibe, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PhotoVibe, Inc

Name (Printed or typed)

1819 West Avenue #6

Address

Miami Beach, Florida 33139

City, State & Zip

305-534-4266, 888-534-4266

Daytime Telephone number

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

04 NOV -9 PM 4: 04

PhotoVibe, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1819 West Avenue #6
Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to create, buy, sell Art Works, paintings, posters, related merchandise, host a cybercafe

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Selma Fonseca, President
Jeffery Boyard, Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ulrick Desert
10511 SW 181st Avenue
Miami, Florida 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Selma Fonseca
420 E 111st Street
New York, NY 10029

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

11/3/04

Date



Signature/Incorporator

11/03/04

Date