P06 000/510/3

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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12/07/06--01014--006 **78.75

O6 DEC -7 PH 3: 18
SECRETARY OF STATE
SECRETARY OF FLORID.

OWHITE DEC -7 2006

COVER LETTER

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

SUBJECT:	Metamorphosis (PROPOSED CORPORAT	TAttoo Inc.		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Vanessa Wines Name (Printed or typed)				
401 KAtherine St.				
South Dayton A Fl. 32119 City, State & Zip				
386-527 -0504 Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2006

VANESSA WINES 401 KATHERINE ST SOUTH DAYTONA, FL 32119

SUBJECT: METAMORPHOSIS TATTOO INC.

Ref. Number: W06000052924

We have received your document for METAMORPHOSIS TATTOO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Halina's information.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6933.

Dale White Document Specialist New Filing Section

Letter Number: 006A00070132

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be:	06 DEC -7 PM 3: 18
METAMORPHOSIS TATOO INC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
1110 CANAL St. New SMYMAL	Bch, Fl. 32168
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
RoffssioNAl Corporation	
ARTICLE IV SHARES The number of shares of stock is: 90% Vanessa 100 Halina	-
List name(s), address(es) and specific title(s): Vanessa Wines President Halina 401 Katherine St. South Daytona, Fl. 32119 PORT ORAN	BRAME Director MEDR WEE, FL 32/27
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regi	stered agent is:
Vanessa Wines	
401 Katherine St.	
South Dayton A, Fl. 32119	
ARTICLE VII NCORPORATOR The name and address of the Incorporator is:	
Vanessa Wines 401 KAtherine St.	
South DaytonA, Fl. 32119	
**************************************	**********
certificate, I am familiar with and accept the appointment as registered agent and agree to a	
Vanasa Wines	17-4-010
Signature/Registered Agent	Date
Vanessa 12) ines	12-4-06
Signature/Incorporator	

ARTICLES OF INCORPORATION