

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INDEPENDENT TAX SERVICE

Account Number : I20020000072 Phone : (305)887-0001 Fax Number : (305)884-6444

FLORIDA PROFIT/NON PROFIT CORPORATION

TATTOO STUDIO INC.

Certificate of Status	1
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COVER LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: TATT	OO STUDIO INC.	•	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	icles 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 CO	PY REQUIRED
FROM:	СН	AMI HILAL	
	Nam	(Printed or typed)	
	3015 NW 79	ST SUITES D13 -	14
		Address	
	MIA	MI 33147	
٠.		, State & Zip	
		287-7979	
•	Daytime	Telephone number	

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



October 30, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INDEPENDENT TAX SERVICE

SUBJECT: TATTOO STUDIO INC.

REF: W07000053680

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section FAX Aud. #: H07000266936 Letter Number: 507A00063534

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:

TATTOO STUDIO INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3015 NW 79 ST SUITES D 13 - 14 MIAMI FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This incorporation may Engage in any activity or business permitted under the laws of United State Of America and the laws of the State Of Florida

ARTICLE IV SHARES

The number of shares of stock is:

500 shares of common stock \$ 1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P/DIRECTOR - CHAMI HILAL 6870 NW 44 ST SUITE 105 MIAMI FL 33155 ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: CHAMI HILAL 6870 NW 44 ST SUITE 105 MIAMI FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: CHAMI HILAL 6870 NW 44 ST SUITE 105 MIAMI FL 33155

Having been named ax 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

Signature/Incorporator

10/29/2007

Date

10/29/2007

Date

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. 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.

٠.			1
The nam	e and address of the HILAL CHAMI	registered agent and office is	:
, .	6870 NW 44th	(Name) Street Suite 105	
<u>, </u>	Miami, Flori	(P.O. Box NOT acceptable) da 33155	,
ed corpol	ration at the place desig	(City/State/Zip) if agent and to accept servingnated in this certificate, I her	eby accept the abbointme
isions of	all statutes relating to	act in this capacity. I furthe the proper and complete per bligations of my position as a	rformance of my duties, an
•		SIGNATURE	2.4