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APPROVED  
AND  
FILED  
10 JUN 24 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

**SUBJECT:** Black Swan Tattoo 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

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 COPY REQUIRED**

**FROM:** Cory T Craft

Name (Printed or typed)

6917 Ashbury Dr

Address

Lakeland FL 33809-7803

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION  
OF

10 JUN 24 PM 4:12

Black Swan Tattoo Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

Article I  
Identification

The name of the corporation, hereinafter referred to as the "Corporation," is Black Swann Tattoo Inc.

Article II  
Principal Office

The principal place of business is 811 N Florida Ave, Lakeland FL 33801-1705. The mailing address of the principal office is 811 N Florida Ave, Lakeland FL 33801-1705.

Article III  
Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

Article IV  
Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

Article V  
Initial Officers and/or Directors

The name and post office address of the initial Officer(s) and initial Director(s) of the Corporation is as follows:

President:  
Cory T Craft  
6917 Ashbury Dr  
Lakeland FL 33809-7803

APPROVED  
AND  
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Article VI  
Registered Office and Registered Agent

16 JUN 24 PM 4:12

The address of the initial registered office of the Corporation is 811 Beechwood Ave, STATE: FLORIDA, Lakeland FL 33801-1705 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Cory T Craft, 6917 Ashbury Dr, Lakeland FL 33809-7803.

Article VI  
Incorporator's Address

The name and post office address of the Incorporator(s) of the Corporation is Cory T Craft, 6917 Ashbury Dr, Lakeland FL 33809-7803.

The effective date of this Article of Incorporation shall be 6 20, 2010.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has caused this Article of Incorporation to be executed as of 6 20, 2010.

[Signature]  
Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this article, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]  
Signature/Registered Agent

6/20/10  
Date

STATE OF FLORIDA )  
COUNTY OF POLK )

The forgoing Articles of Incorporation were acknowledged before me, this 20 day of June, 2010.

[Signature]  
NOTARY PUBLIC State of Florida

Commission Expires:

