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MD 11/5

COVER LETTER

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

SUBJECT: PROJEC	CT ART 360 INC		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	icles 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: DAI	NIEL CAINION JR	e (Printed or typed)	
426	PRESTON AVE SO UNIT 11	Address	
<u>ST I</u>	PETERSBURG, FL 33701	State & Zip	
<u>727-</u>	-520-5280	•	
blaz	eØne@rocketmail.com	Telephone number ed for future annual report	notification)

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)

ARTICLE I NAME

The name of the corporation shall be:

PROJECT ART 360 INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

426 PRESTON AVE SO UNIT 11 ST. PETERSBURG, FL 33701 **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

10 NOV -1 PH 3: 37 SECRETARY OF STATE TALL AHASSEF FLOOR

<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Daniel Cainion - PSTD (100%) 436 Preston AV S-#11

ST. PETE., FL 33701

ARTICLE VI REGISTERED AGENT

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

DELPHINIA DAVIS

2711 DESOTO WAY SO

ST PETERSBURG, FL 33712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DANIEL CAINION

436 PRESTON AV S UNIT 11

ST PETERSBURG, FL 33701

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 agrae to action this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date