## P1188865370

(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	. MAIL	
(Bu	siness Entity Nan	ne)	
•			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to I	Filing Officer:		
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Office Use Only



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FILING CANCELLED RETURNED CHECK

FILED ANIO: 21
SECRETARY OF STATE

MRAJ

## **COVER LETTER**

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

SUBJECT: Virtuous Art Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	ADDITIONAL COLT REQUIRED
FROM: Jeanne Ward	e (Printed or typed)
PO Box 190282	Address
Ft Lauderdale, FL 3331	9 State & Zip
954-275-1307 Daytime 1	Telephone number
virtuous art@yahoo.con E-mail address: (to be use	n d 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 Virtuous Art, Inc	FILING CANCEL	LED
	orporation shall be:	RETURNED CHE	
ARTICLE II	PRINCIPAL OFFICE	TETOTALED CITE	
	Principal street address	Mailing address, if different is:	
•	401 Republic Court	PO Box 190282	
	Deerfield Beach, FL 33442	PO Box 190282 Ft Lauderdale, FL 33319	
			<del></del> .
ARTICLE III			*
	which the corporation is organized is:		
Any and all is	awful business	# S # #	477
		EE J	B-B
			ideliter 
		节节 2	C. C
		SS	
ARTICLE IV		Ro 型	, a c
The number of sha	res of stock is: 100	Fro 5	
A ID TOTAL TO TO	INITIAL OFFICERS AND/OR DIRECT	NY OF STATE SEE FLORI	
Name and T	itle: Michael King, President	Nome and Title:	
Address:	PO Box 190282	A 1 4	
7 <b>100</b> 1 <b>0</b> 35.	Ft Lauderdale, FL 33319		
		Name and Title:	
Address:			
		<del></del>	
Name and T	itle:	Name and Title:	
Address:	and the state of t		
•			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Deborah Knights		
Address:	401 Republic Ct		
	Deerfield Beach, FL 33442	***	
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Deborah Knights		
Address:	401 Republic Ct	<del></del>	
	Deefield Beach, FL 33442	<u> </u>	
77 . ) . Imm			
Having oeen nam this contificate I a	ed as registered agent to accept service of pro ne familiar with and accept the appointment as	cess for the above stated corporation at the place designa registered agent and agree to act in this capacity /	ited in
mis cerujicule, i u	m janjanar mat abaraczepynie appoinameni us	registered agent and agree to act in this capacity	
Joly	1.11	A7/12/1	7
	Required Signature/Registered Agent		<u></u>
	Required Signature Registered Agent	Date	
I subpat this docu	ment and affirm that the facts stated herein	are true. I am aware that the false information submitte	d in a
docylment to the D	epartment of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.	
16 11.	1 // 1	$\Lambda \Pi I_{12} I_{13}$	′/
15 sug	UN WIMKES	0 111211	
	Required Signature/Incorporator	Date	