

P11000084163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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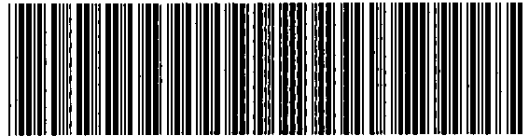
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/11--01021--008 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 23 AM 11:14

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: Phoenix Studio Gallery, 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: John B. Fallin
Name (Printed or typed)

1608 N. Fort Harrison Ave.
Address

Clearwater, FL 33755
City, State & Zip

727-735-2573
Daytime Telephone number

phoenixstudiogallery@gmail.com
E-mail address: (to be used 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)

APPROVED
AND
FILED

ARTICLE I NAME Phoenix Studio Gallery, Inc.

The name of the corporation shall be:

11 SEP 23 AM 11:14

ARTICLE II PRINCIPAL OFFICE

Principal street address
1608 N. Fort Harrison Ave.
Clearwater, FL 33755

Mailing address, **SECRETARY OF STATE**
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a Retail presence creating and selling fine art and home decor.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JoAnna Greene - President
Address: 311 Island Way
Apt. 204
Clearwater, FL 33767

Name and Title: _____
Address: _____

Name and Title: John Fallin - Vice President
Address: 311 Island Way
Apt. 204
Clearwater, FL 33767

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John Fallin
Address: 311 Island Way, Apt. 204
Clearwater, FL 33767

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Fallin
Address: 311 Island Way, Apt. 204
Clearwater, FL 33767

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 agree to act in this capacity

John B. Fallin

Required Signature/Registered Agent

9-19-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John B. Fallin

Required Signature/Incorporator

9-19-2011

Date