

P120000020485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

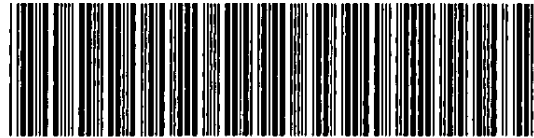
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 FEB 29 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

SUBJECT: ARTA 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: Roger Russ

Name (Printed or typed)

1839 Middle River Drive, Suite 303

Address

Fort Lauderdale, FL 33305

City, State & Zip

954-630-3230

Daytime Telephone number

rogru7@aol.com

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

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JAN 11 2001

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: ARTA Inc

12 FEB 29 AM 11: 57

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1839 Middle River Drive  
Suite 303  
Fort Lauderdale, FL 33305

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS:  
TALLAHASSEE, FL 32304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Roger Russ-President	Name and Title: _____
Address: 1839 Middle River Dr.	Address: _____
Suite 303	_____
Fort Lauderdale, FL 33305	_____

Name and Title: Tatyana Russ-Vice President	Name and Title: _____
Address: 1839 Middle River Dr.	Address: _____
Suite 303	_____
Fort Lauderdale, FL 33305	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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


Name: Roger Russ  
Address: 1839 Middle River Dr. Suite 303  
Fort Lauderdale, FL 33305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roger Russ  
Address: 1839 Middle River Dr. Suite 303  
Fort Lauderdale, FL 33305

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

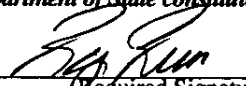
  
ROGER RUSS

Required Signature/Registered Agent

02/27/2012

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.

  
ROGER RUSS

Required Signature/Incorporator

02/27/2012

Date