

Mar 5 2012 2:38 PM
P/20000584893

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000058489 3)))



H120000584893ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

FILED
12 MAR -5 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPABAY.RP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
TATTOO LULA, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

RECEIVED
12 MAR -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H120000584893

1/4

Mar. 5. 2012 2:39PM

H1200005844813
ARTICLES OF INCORPORATION

No. 3663 P. 2

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME TATTOO LULA, INC

The name of the corporation shall be:

12 MAR -5 PM 1:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

527 53RD ST S
ST PETERSBURG, FL 33707

Mailing address, if different is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A TOTTOO PARLOR AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKE WILSON PRESIDENT

Address: 527 53RD ST S
ST PETERSBURG, FL 33707

Name and Title:

Address:

Name and Title:

Address:

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIKE WILSON

Address: 527 53RD ST S
ST PETERSBURG, FL 33707

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

Required Signature/Registered Agent

03/05/2012

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.

Required Signature/Incorporator

03/05/2012

Date

H1200005844893