

P12000043500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

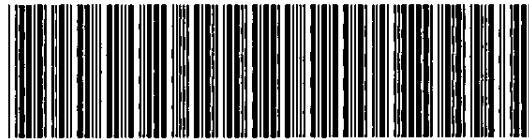
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/12--01024--013 **78.75

FILED
12 MAY -8 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch MAY 9 2012

COVER LETTER

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

SUBJECT: **INK AND NEEDLES 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: **ARIEL GALANG**

Name (Printed or typed)

6825 CIRCLE CREEK DR

Address

PINELLAS PARK, FL 33781

City, State & Zip

727-768-1454

Daytime Telephone number

aye26@aol.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)

ARTICLE I NAME

INK AND NEEDLES INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

6825 CIRCLE CREEK DRIVE
PINELLAS PARK, FL 33781

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TATTOOING AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARIEL R. GALANG, PRESIDENT

Address: 6825 CIRCLE CREEK DR
PINELLAS PARK FL 33781

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: ARIEL R. GALANG

Address: 6825 CIRCLE CREEK DR
PINELLAS PARK, FL 33781

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARIEL R. GALANG

Address: 6825 CIRCLE CREEK DR
PINELLAS PARK, FL 33781

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

X

Required Signature/Registered Agent

04/16/2012

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.

X

Required Signature/Incorporator

04/16/2012

Date

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TALLAHASSEE, FL 32399