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12 MAY 31 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 11 2012

## COVER LETTER

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

SUBJECT: ADZUA ART ASSOCIATES 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: BARBARA SOLOMON

Name (Printed or typed)

PO BOX 354059

Address

PALM COAST, FL 32135

City, State & Zip

(386) 446-8537

Daytime Telephone number

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

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



RECEIVED

12 MAY 31 AM 10:25

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 17, 2012

BARBARA SOLOMON  
PO BOX 354059  
PALM COAST, FL 32135

SUBJECT: ADZUA ART ASSOCIATES  
Ref. Number: W12000027477

We have received your document for ADZUA ART ASSOCIATES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00014595

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

**ARTICLE I NAME** ADZUA ART ASSOCIATES INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2 PINE CONE DR  
PALM COAST, FL 32164

Mailing address, if different is:  
PO BOX 354059  
PALM COAST FL 32135

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**TO SELL ART AND PRODUCE ART SHOWS**

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: BARBARA SOLOMON PRESIDENT  
Address: 2 PINE CONE DR  
PALM COAST FL 32164

Name and Title: KATE SOLOMON VICE PRESENTENT  
Address: 2 PINE CONE DR  
PALM COAST FL 32164

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: ARTHUR JACKSON  
Address: 1 FLORIDA PARK DR SOUTH STE 330  
PALM COAST FL 32137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA SOLOMON  
Address: 2 PINE CONE DR  
PALM COAST FL 32164

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

Arthur Jackson  
Required Signature/Registered Agent

4-23-12  
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 Barbara Solomon  
Required Signature/Incorporator

5/10/12  
Date

FILED  
12 MAY 31 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA