

P12000084009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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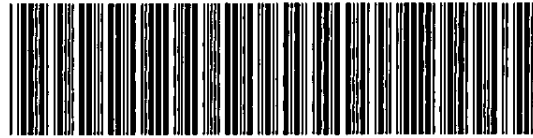
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 04 2012 2341
625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2012

ADOLFO RUIZ
464 PINEY CROFT LANE
MAITLAND, FL 32751

SUBJECT: FINE ART AND PRODUCTIONS, INC.
Ref. Number: W12000023841

We have received your document for FINE ART AND PRODUCTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 312A00013087

COVER LETTER

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

SUBJECT: Fine Art and Productions, 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: Adolfo Ruiz

Name (Printed or typed)

464 Piney Croft Lane

Address

Maitland FL 32751

City, State & Zip

407-739-7884

Daytime Telephone number

Adolfo@FineArtandProductions.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

The name of the corporation shall be: Fine Art and Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
464 Piney Croft Lane
Maitland FL 32751

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A Florida Company Incorporated for Profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adolfo J Ruiz CEO
Address: 464 Piney Croft Lane
Maitland FL 32751

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: Adolfo Ruiz
Address: 464 Piney Croft Lane
Maitland FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adolfo Ruiz
Address: 464 Piney Croft Lane
Maitland FL 32751

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

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

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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