

P12000087652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

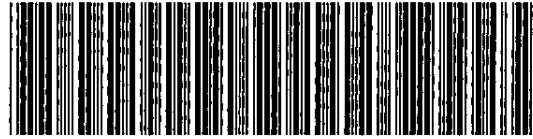
(Business Entity Name)

(Document Number)

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

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12 OCT 16 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/17/12  
5

## COVER LETTER

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

SUBJECT: DA VINCI CREATIVITY ~~STUDIO~~ ~~ACAD~~ STUDIO 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: Monica Campana  
Name (Printed or typed)

177 Ocean Lane Dr #506  
Address

Key Biscayne FL 33149  
City, State & Zip

786-443-1521  
Daytime Telephone number

monik072@gmail.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:

DA Vinci CREATIVITY Studio, Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

177 Ocean Lane Dr #506  
Key Biscayne, FL 33149

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Educational Enhancement.

## ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Campana - President Name and Title: \_\_\_\_\_

Address: 177 Ocean Lane Dr #506 Address: \_\_\_\_\_  
Key Biscayne, FL 33149

Name and Title: Haim D. BAPASH - Secretary Name and Title: \_\_\_\_\_

Address: 177 Ocean Lane Dr #506 Address: \_\_\_\_\_  
Key Biscayne, FL 33149

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: Haim BAPASH  
Address: 177 Ocean Lane Dr #506  
Key Biscayne FL 33149

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Campana  
Address: 177 Ocean Lane Dr #506  
Key Biscayne, FL 33149

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

[Signature]  
Required Signature/Registered Agent

10/11/2012  
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.

[Signature]  
Required Signature/Incorporator

10/11/12  
Date