

P13000004641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

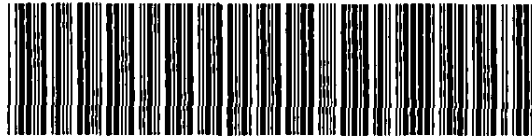
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE  
13 JAN 14 PM 2:39

FILED  
13 JAN 14 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

VH

## COVER LETTER

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

SUBJECT: Love Bot Tattoos, inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: ERIC WATSON  
Name (Printed or typed)

2790-3 W. Tennessee St.  
Address

Tallahassee, FL 32304  
City, State & Zip

850-778-2465  
Daytime Telephone number

Lovebottattoos@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)

FILED

**ARTICLE I NAME** Love Bot Tattoos, inc.

The name of the corporation shall be:

13 JAN 14 PM 2:40

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2790-3 W. Tennessee  
Tallahassee, FL  
32304

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

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Opening Tattoo Studio.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Wandwossen Gizaw (P)  
Address: 602 W. Jefferson St  
Quincy, FL 32351

Name and Title: Eric Watson (P)  
Address: 111 N. Love St  
Quincy, FL 32351

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:

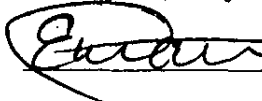
Name: Eric Watson  
Address: 111 N. Love St.  
Quincy, FL 32351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

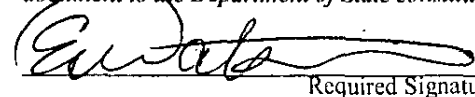
Name: Eric Watson  
Address: 111 N. Love St  
Quincy, FL 32351

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

1/14/13  
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

1/14/13  
Date