

713000815820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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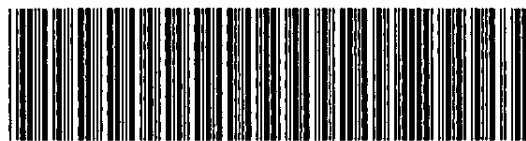
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 18 2013

COVER LETTER

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

SUBJECT: **TATTOOAFICIONADO 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: **Phillip A. Swack**

Name (Printed or typed)

4340 NW 103 Terrace

Address

Sunrise, FL. 33351

City, State & Zip

(954) 748 - 4676

Daytime Telephone number

swackp@bellsouth.net

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: **TATTOOAFICIONADO INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4340 NW 103 Terrace

Sunrise, FL. 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To provide a comprehensive internet resource of Tattoo Galleries, Tattoo Directories, and other Tattoo related information.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Phillip A. Swack - President**

Address **4340 NW 103 Terrace**
Sunrise, FL. 33351

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE FLORIDA

(conti.)

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: Phillip A. Swack
Address: 4340 NW 103 Terrace
Sunrise, FL. 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phillip A. Swack
Address: 4340 NW 103 Terrace
Sunrise, FL. 33351

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TALLAHASSEE, FLORIDA

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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

Phillip A. Swack

Required Signature/Registered Agent

2/12/13

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.

Phillip A. Swack

Required Signature/Incorporator

2/12/13

Date