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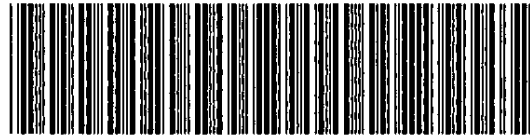
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 9/5

COVER LETTER

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

SUBJECT: **Artistas World, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Victoria Westra**

Name (Printed or typed)

4939 W. Bay Way Dr.

Address

Tampa, FL 33629

City, State & Zip

813-777-5051

Daytime Telephone number

vicky@artistascafe.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: Artistas World, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

500 N. Willow Ave. #101

Tampa, FL 33606

Mailing address, if different is:

4939 W. Bay Way Dr.

Tampa, FL 33629

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This company will hold the intellectual property for Javamo Art for Autism, Javamo Coffees, Inc. and Artistas Cafe.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria L. Westra President

Name and Title: _____

Address: 4939 W. Bay Way Dr.

Address: _____

Tampa, FL 33629

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Victoria Westra

Address: 4939 W. Bay Way Dr.

Tampa, FL 33629

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victoria L. Westra

Address: 4939 W. Bay Way Dr.

Tampa, FL 33629

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

Victoria L. Westra

Required Signature/Registered Agent

8/29/13

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.

Victoria L. Westra

Required Signature/Incorporator

8/29/13

Date