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AND ASSETS FLORID

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COVER LETTER

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

SUBJECT: Miami	Tropical Art, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Ka	ren F. Grossman Name	(Printed or typed)		
7261 SW 135 TER				
Mia	.mi, FL 33156	Address		
		State & Zip		
305	5-255-7786 Daytime T	elephone number		
dwo	oodgross@aol.com E-mail address: (to be use	d 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)

The name of the c	orporation shall be: Miami Tropical Art,	inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is 2
7261 SW 135	TER	S
Miami, FL 33	3156	
		STATE CORID
ADMICE DITT	TITI DO CE	- R. 27
ARTICLE III The purpose for v	vhich the corporation is organized is: to sel	photography-related products with an
	tropical and coastal themes.	
		
ARTICLE IV	SHARES	
The number of sha	ares of stock is:2	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	
Name an	nd Title: Karen Grossman, CEO	Name and Title: David Grossman, CFO
Address	7261 SW 135 TER	Address: 7261 SW 135 TER
	Miami, FL 33156	Miami, FL 33156
	All and a land 	
Name and	d Title:	Name and Title:
Address		
Addiess		Address:
Name and	d Title:	Name and Title:
Address		Address:

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fi</u>	orida street address (P.O. Box NOT accepta	of the registered agent is:	
Name:	Karen F. Grossman		
Address:	7261 SW 135 TER	<u> </u>	
	Miami, FL 33156		
ARTICLE VII	INCORPORATOR	SEP 16 ARASSE	The second of th
The name and ad	dress of the Incorporator is:		
Name:	Karen F. Grossman	STAL CORI	
Address:	7261 SW 135 TER	27 RIDA RIDA	
	Miami, FL 33156	<u></u>	
		rocess for the above stated corporation at the place design as registered agent and agree to act in this capacity ————————————————————————————————————	nated in
	Required Signature/Registered Ager	t Date	~ ~~~
	ument and affirm that the facts stated herei Department of Stato constitutes a third degree		tted in a
		09/12/2013	
	Required Signature/Incorporator	Date	