

P14000014555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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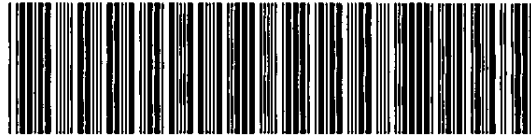
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 13 AM 9:12

gr 2/18/14

COVER LETTER

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

SUBJECT: Tiny Toes Studios, 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: Miguel Rodriguez

Name (Printed or typed)

420 Plover Avenue

Address

Miami Springs, FL 33166

City, State & Zip

786-247-5633

Daytime Telephone number

yellowbutterfly75@yahoo.com

E-mail address: (to be used for future annual report notification)

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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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Tiny Toes Studios, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

420 Plover Avenue

Miami Springs, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Photography business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Rodriguez

Name and Title: _____

Address President

Address: _____

420 Plover Avenue

Miami Springs, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Miguel Rodriguez

Address: 420 Plover Avenue

Miami Springs, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miguel Rodriguez

Address: 420 Plover Avenue

Miami Springs, FL 33166

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

Miguel Rodriguez
Required Signature/Registered Agent

2/5/14
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.

Miguel Rodriguez
Required Signature/Incorporator

2/5/14
Date

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