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SECRETARY OF STATE



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FLORIDA PROFIT SOCIAL PURPOSE CORPORATION COVER LETTER

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

Art Stud	dio World, Inc.		
SUBJECT:	(PROPOSED CORPOR	TE NAME – <u>MÜST INCL</u>	IIDE CHEETV
	(1 KOI OSED COKPOKA	TE WAME - MOST INCL	DDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Ocean Drive Apt 312	e (Printed or typed)	
Mia	mi, FL 33139	Address	
(347	City, 7) 788-0369	State & Zip	
Rae	Daytime T Hughes1@gmail.com	elephone number	
E-mail ad	dress: (to be used for future annu	al report notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I **NAME** The name of the social purpose corporation shall be Art Studio World, Inc. 14 JUL 18 PM 2: 41 ARTICLE II PRINCIPAL OFFICE SECRETARY OF STATE Mailing address; it different is ODIDA Principal street address 401 Ocean Dr. #312 Miami, FL 33139 ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S. The business purpose and public benefit(s) for which the corporation is organized are: To empower youth by providing safe learning locations where youth are guided and inspired by artists, teachers, professionals, and mentors. Public benefits are: Increased educational attainment, job development, decreased crime rates, improve community collaborations and image The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional): (continued from above) as a whole. ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENFIT OFFICER (if Applicable) Rachel Hughes CEO Name and Title: __ Name and Title:_____ 401 Ocean Drive #312 Address Address: Miami Beach, FL 33139 Name and Title: Name and Title: Address ____ Address: Name and Title: Name and Title: Address _____ Address:



н арри	cable, BENEFIT DIRECTOR;	If applicable, BENEFI1	OFFICER 14 JUL 18 PM 2:41	
Name :		Name: Address:	SECRETARY OF STATE TAILAHASSEE FLORIDA	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptal lan Welsch 2457 Collins Ave #404 Miami Beach, FL 33140	ble) of the registered agent is:		
The <u>name and a</u>	INCORPORATOR address of the Incorporator is: lan Welsch			
Name: Address:	2457 Collins Ave #404 Miami Beach, FL 33140			
ARTICLE VIII	ADDITIONAL QUALIFICATIONS OF BE	NEFIT DIRECTOR, IF ANY	<u> </u>	
	med as registered agent to accept service of pr am familiar with and accept the appointment			
I submit this do document to the	Required Signature/Registered Agent cument and affirm that the facts stated herein Department of State constitutes a third degree	n are true. I am aware that the	Date pate false information submitted in a 155, F.S.	
	Required Signature/Incorporator		7/14/2014 Date	