

P15000027350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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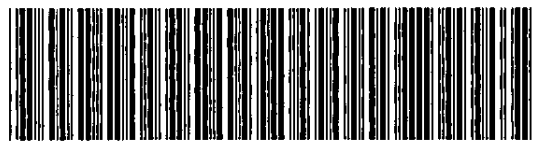
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 19 PM 12:18
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CLERK OF SUPERIOR COURT

MD 3/24

COVER LETTER

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

SUBJECT: Studio 13 Graphic Designs, 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: Michelle Matarazzo

Name (Printed or typed)

2074 S Colonial Ave

Address

Homosassa FL 34448

City, State & Zip

352-503-7376

Daytime Telephone number

priceco@pricecpa.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: Studio 13 Graphic Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2074 S Colonial Ave

Homosassa FL 34448

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Custom tattoos and any other
activity or business permitted under the laws of the United States and
the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Matarazzo, PST

Name and Title: _____

Address 2074 S Colonial Ave

Address: _____

Homosassa FL 34448

Name and Title: Jeffrey P Sherman, VP

Name and Title: _____

Address 418 W Massachusetts St

Address: _____

Hernando FL 34442

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: Charles E Price

Address: 753 N Citrus Ave

Crystal River FL 34428

15 MAR 19 PM 12:18
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michelle Matarazzo

Address: 2074 S Colonial Ave

Homosassa FL 34448

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

Charles E Price

Required Signature/Registered Agent

03/03/2015

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.

Michelle Matarazzo

Required Signature/Incorporator

03/03/2015

Date