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Special Instructions to F	Filing Officer:	
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WI SWW 27662

APR 1 4 2015 T. SCOTT



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FLORIDA DEPARTMENT OF STATE AND STATE Division of Corporations TALL PHAINEEL PLANTA

April 1, 2015

LILLIAN ELENA MOYA 8135 NW 164 TERRACE MIAMI LAKES, FL 33016

SUBJECT: ARTICOLLECTIVA, INC.

Ref. Number: W15000022683

We have received your document for ARTICOLLECTIVA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 915A00006501

www.sunbiz.org

DO DOV coor m H 1

COVER LETTER

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

SUBJECT: Artic	collectiva, Inc.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
		e (Printed or typed)	
81	135 NW 164 Teri	Address	····
M	iami Lakes, FL 3	3016	
	•	State & Zip	
<u> 78</u>	36-587-2967		
1*11	·	elephone number	
<u> 1111</u>	ian.moya@ymai	I.COM 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)

	_{all be:} Articollectiva, Ir		
RTICLE II PRINCIPA	NL OFFICE pal street address		kdress, if different is:
135 NW 164 T	· · · · · · · · · · · · · · · · · · ·	P.O. Box	
niami Lakes, F			L 33017-0157
· · ·	200010	maican, i	200017 0107
RTICLE III PURPOSE	This o	orporation will	bring new
	poration is organized is: This c		
	alent in the arts an	· · · · · · · · · · · · · · · · · · ·	
	art exhibits, books		
ther art endea	vors such as semi	nars in a creat	ive
andscape such	ı as parks, univers	ities, and stadi	ums.
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DTICI P NV QUADDQ			
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RTICLE IV SHARES number of shares of stock is	_{s:} 100,000		
RTICLE V INITIAL C	FITCERS AND/OR DIRECTOR	<u></u>	
RTICLE V INITIAL C	DFFICERS AND/OR DIRECTOR In Elena Moya/President	SS Name and Title:	15 AFR
Name and Title: Address RTICLE V INITIAL C	officers and/or director in Elena Moya/President 5 NW 164 Terrace	••••	5 S
Name and Title: Address RTICLE V INITIAL C	DFFICERS AND/OR DIRECTOR In Elena Moya/President	Name and Title:	15 AFR 3
Name and Title: Address Name and Title:	officers and/or director in Elena Moya/President 5 NW 164 Terrace	Name and Title:	15 APR 13 ANTI:
Name and Title: Address RTICLE V INITIAL C	officers and/or director in Elena Moya/President 5 NW 164 Terrace	Name and Title:	15 APR 13 ANTE: 20
Name and Title: Lillia Address Miai	officers and/or director in Elena Moya/President 5 NW 164 Terrace	Name and Title:Address:	13 ANTI: 20
Name and Title: Lillia Address Mia Name and Title:	officers AND/OR DIRECTOR In Elena Moya/President 5 NW 164 Terrace mi Lakes, FL 33016	Name and Title: Address: Name and Title:	3 ANTE: 20
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Name and Title: Lillia Address Mia Name and Title: Address	in Elena Moya/President 5 NW 164 Terrace mi Lakes, FL 33016	Name and Title: Address: Name and Title: Address: Name and Title:	3 ANT : 20

Name and	1 Title:N	ame and Title:
Address	A	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name:	Lillian Elena Moya	
Address:	8135 NW 164 Terrace	
	Miami Lakes, FL 33016	
ARTICLE VII The name and add Name: Address:	INCORPORATOR dress of the Incorporator is: Lillian Elena Moya 8135 NW 164 Terrace	
	Miami Lakes, FL 33016	
	ed as registered agent to accept service of process for m familiar with and accept the appointment as registe	the above stated corporation at the place designated in red agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
submit this docu	ment and affirm that the facts stated herein are true	z. I am aware that the false information submitted in a
aucument to the Di	epartment of State constitutes a third degree felony as Required Signature/Incorporator	3 3 3 305
		, 2002