

P/5000057108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600274580866

07/01/15--01007--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE &
15 JUL - 1 AM 9:03

08/09/15
EFFECTIVE DATE 06/29/15

COVER LETTER

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

SUBJECT: The Fringe Artist 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: Sara Norine James
Name (Printed or typed)

1740 Greenlea Dr
Address

Clearwater, FL 33755
City, State & Zip

(727) 251-4786
Daytime Telephone number

saranorine@gmail.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: The Fringe Artist Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1740 Greenlea Dr

Clearwater FL 33755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

photographic services and artistic instruction

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sole Director, Sara Norine James

Name and Title: _____

Address

1740 Greenlea Dr

Address: _____

Clearwater FL 33755

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -1 AM 9:03

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: Sara Norine James _____

Address: 1740 Greenlea Dr _____

Clearwater FL 33755 _____

ARTICLE VII INCORPORATOR

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

Name: Sara Norine James _____

Address: 1740 Greenlea Dr _____

Clearwater FL 33755 _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL - 1 AM 9:03

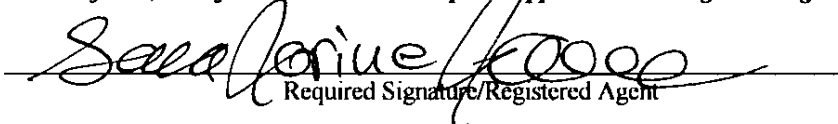
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 19, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

June 29 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.


Required Signature/Incorporator

June 29 2015
Date