

PI5000069666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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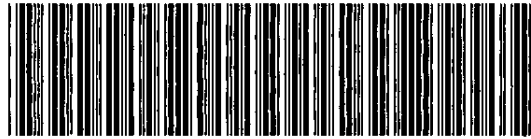
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: The Wicked Muse, 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: The Wicked Muse, Inc.

Name (Printed or typed)

965 NW 136th Avenue

Address

Miami, FL 33182

City, State & Zip

305-975-2599

Daytime Telephone number

lzelaya@med.miami.edu

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2015

THE WICKED MUSE, INC.
965 N.W. 136TH AVENUE
MIAMI, FL 33182

SUBJECT: THE WICKED MUSE, INC.
Ref. Number: W15000050787

We have received your document for THE WICKED MUSE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 515A00015791

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 Wicked Muse, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

965 NW 136th Avenue, Miami, FL 33182

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail sale of manufacturer and handcrafted merchandise

ARTICLE IV SHARES

The number of shares of stock is:

828

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danicery L. Ramirez, Director

Address: 21301 SW 102nd Avenue
Cutler Bay, FL 33189

Name and Title: Lissett M. Zelaya-Manduley, Director

Address: 965 NW 136th Avenue
Miami, FL 33182

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Danicery L. Ramirez
Address: 21301 SW 102nd Avenue
Cutler Bay, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lissett M. Zelaya-Manduley
Address: 965 NW 136th Avenue
Miami, FL 33182

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

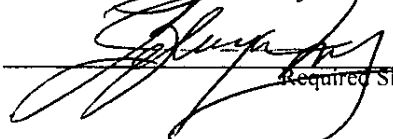


Required Signature/Registered Agent

3/24/15

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

3/24/15

Date