P15000100377

DEC/[illegible]2015/MON 12:29 PM FAX No P. 02

12/[illegible] Division of Corporation

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000300081 3)))

H15000300081 3ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
15 DEC 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 DEC 21 AM 9:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

ART CODE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

T 12/22/15

Electronic Filing Menu Corporate Filing Menu Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 21 AM 9:02

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: Art Code Corp.

ARTICLE II PRINCIPAL OFFICE
Principal street address
11789 SW 18 ST #5
Miami, FL 33175

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To sell Art and any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: Shares: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: KIMBERLY OROZCO / DIRECTOR
Address: 11789 SW 18 ST #5
MIAMI FL 33175

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: KIMBERLY OROZCO
Address: 11789 SW 18 ST #5
MIAMI FL 33175

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: KIMBERLY OROZCO
Address: 11789 SW 18 ST #5
MIAMI FL 33175

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

x KimberlyOrozcoC. 12-18-2015.
Required Signature/Registered Agent 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.

x KimberlyOrozcoC. 12-18-2015.
Required Signature/Incorporator Date