

P16000037889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

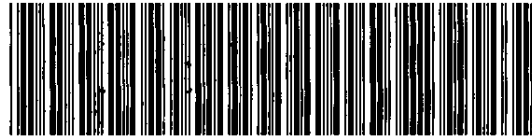
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25 PM 5:01
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4-29-16

COVER LETTER

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

SUBJECT: COLIAR PORTRAITS CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$70.00
Filing Fee | <input checked="" type="checkbox"/> \$78.75
Filing Fee
& Certificate of Status | <input type="checkbox"/> \$78.75
Filing Fee
& Certified Copy | <input type="checkbox"/> \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status |
|--|--|--|---|
- ADDITIONAL COPY REQUIRED**

FROM: JUNE KASIERSKI
Name (Printed or typed)

1445 BROWNING STREET
Address

CLEARWATER, FL 33756
City, State & Zip

727-447-1926
Daytime Telephone number

COLIARPORTRAITS@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: COLIAR PORTRAITS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1445 BROWNING STREET
CLEARWATER, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ARTWORK, AND ANY
OTHER LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: X 8

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUNE KASIERSKI ^{owner} / CEO Name and Title: _____

Address 1445 BROWNING ST Address: _____
CLEARWATER FL
33756

Name and Title: JOSHUA FRENCH ^{owner} / CDO Name and Title: _____

Address 117 N. BETTY STREET Address: _____
CLEARWATER FL
33756

Name and Title: GORDON LONGLEY ^{owner} / CFO Name and Title: PAUL KASIERSKI ^{owner} / COO

Address 25 VILLAGE WAY Address: 1445 BROWNING ST
PALM HARBOR CLEARWATER
FL 34683 FL 33756

SECRETARY
FILED
16 APR 25 PM 5:01
CLEARWATER, FL

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: JUNE KASIERSKI
Address: 1445 BROWNING Street
CLEARWATER, FL 33756

June Kasierski

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUNE KASIERSKI *June Kasierski*
Address: 1445 BROWNING ST
CLEARWATER FL 33756

SECRET
FALLMOUNTAIN
10:15 AM 04/14/16

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (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

June Kasierski
Required Signature/Registered Agent

4/14/2016
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.

June Kasierski
Required Signature/Incorporator

4/14/2016
Date