

P16000065363

(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:

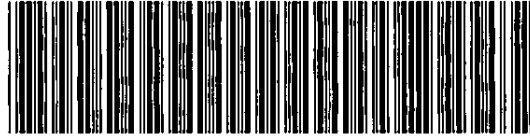
RECEIVED

16 JUL 25 PM 12:50

ALL AMESSEE FLORIDA

Wmney

Office Use Only



100286991961

08/10/16--01004--001 **78.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 AUG -8 AM 8:17

08/10/16

8/10/16

COVER LETTER

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

SUBJECT: CHIAROSCURO TATTOOS CORP
(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

<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: ERICK CAMACHO
Name (Printed or typed)
9180 SW 203 RD TER
Address
CUTLER BAY, FL 33189
City, State & Zip
786-417-7710
Daytime Telephone number
REMVIK@GMAIL.COM
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

August 1, 2016

ERICK CAMACHO
9180 SW 203 RD TER
CUTLER BAY, FL 33189

SUBJECT: CHIAROSCURO TATTOOS CORP
Ref. Number: W16000053084

We have received your document for CHIAROSCURO TATTOOS CORP. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 616A00016032

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

CHIAROSCURO TATTOS CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

9180 SW 203 RD TER

CUTLER BAY, FL 33189

ARTICLE III PURPOSE

FINE ARTS AND BODY ART
The purpose for which the corporation is organized is: _____

16 AUG -8 AM 8:17
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERICK CAMACHO, PRESIDENT

Name and Title: _____

Address 9180 SW 203 RD TER

Address: _____

CUTLER BAY FL 33189

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ERICK CAMACHO
Address: 9180 SW 203 RD TER
MIAMI FL, 33189

ARTICLE VII INCORPORATOR

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

Name: ERICK CAMACHO
Address: 9180 SW 203 RD TER
CUTLER BAY, FL 33189

FILED
16 AUG - 8 AM 8:18
DEPT. OF STATE
TALLAHASSEE FLORIDA

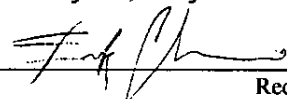
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/26/2016. (OPTIONAL)

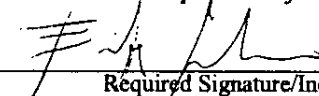
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 07/05/2016
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.

 _____ 07/05/2016
Required Signature/Incorporator Date