

P/6000093228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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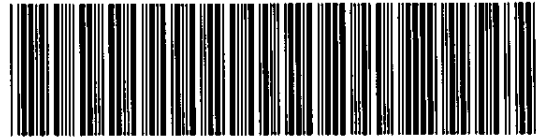
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/23/16--01018--007 **78.75

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 23 PM 2:15

EFFECTIVE DATE 11/27/16

11/28/16

COVER LETTER

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

SUBJECT: Art Manifest, 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: William Eli Elkin
Name (Printed or typed)

931 NE 199 St, #104
Address

Miami, FL 33179
City, State & Zip

305-776-3390
Daytime Telephone number

HPMWEELKIN@aol.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: Art Manifest, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

931 NE 199 Street
Apt 104
Miami, FL 33179

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To produce & sell works of an artist.

ARTICLE IV SHARES

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

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DIVISION OF CORPORATE FILLS
AUG 16 NOV 23 PM 2:15

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Eli Elkin

Address: President

931 NE 199 St. #104
Miami, FL 33179

Name and Title: Madison Elizabeth

Address: Elkin-Harrington

Vice President
368 Kingston Circle
Birmingham, AL 35211

Name and Title: Paullette R. Elkin, Sec.

Address: 931 NE 199 St. #104

Miami, FL 33179

Name and Title: Paullette R. Elkin, Sec.

Address: 931 NE 199 St. #104

Miami, FL 33179

Name and Title: Howard L. Elkin, Director

Address: 931 NE 199 St. #104

Miami, FL 33179

Name and Title: _____

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: Paulette R. Elkin

Address: 931 NE 199 St, # 104

Miami, FL 33179

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DIVISION OF CORPORATIONS
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ARTICLE VII INCORPORATOR

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

Name: William E. Elkin

Address: 931 NE 199 St, # 104

Miami, FL 33179

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/8/16 ^{11/27/16} (OPTIONAL)

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

Paulette R. Elkin

Required Signature/Registered Agent

11/8/16
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.

[Signature]

Required Signature/Incorporator

11/8/16
Date