## P16000094901

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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16 OCT 24 MIO: 26
SECRETARY OF STATE
ALLAHASSEE EN SALE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

16 OCT 24 AN 10: 26

TALLAHASSEE, PLORIDA

October 26, 2016

CARLOS M. GOMEZ 4375 FOREST RD. WEST PALM BEACH, FL 33406

SUBJECT: ART SIGN, INC. Ref. Number: W16000072717

We have received your document for ART SIGN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

690850

5.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 216A00022961

## **COVER LETTER**

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

SUBJECT: Art Sign	, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 F		PY REQUIRED
FROM:	los M. Gomez Name	e (Printed or typed)	
437	5 Forest Rd.		
	•	Address	
Wes	st Palm Beach, FL. 33406		
	City,	State & Zip	
(56	1) 229-5854		
	Daytime T	elephone number	
cort	izo64@hotmail.com		
	F-mail address: (to be use	d 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)

LE II PRI	NCIPAL OFFICE Principal street address	Mailing 	Mailing address, if different is:	
5 N. Dixie Hwy. #3 ke Worth, FL. 33460		4375 Forest Rd.	4375 Forest Rd. West Palm Beach, FL. 33406	
		West Palm Beac		
TLE III PUR	POSE h the corporation is organized is:  Any an	d all lawful business.		
			75. <b>16</b>	
			BETARY DE AHASSEE.	
TLE IV SHA	IRES of stock is:		AM IO: 26	
mber of shares	of stock is:  "IAL OFFICERS AND/OR DIRECTORS  Carlon M. Gomes, President		ID: 26 ATE DRIDA	
mber of shares	of stock is:  FIAL OFFICERS AND/OR DIRECTORS  itle: Carlos M. Gomez, President  4375 Forest Rd.	Name and Title:	ID: 26 ATE DRIDA	
The V INIT	of stock is:  FIAL OFFICERS AND/OR DIRECTORS  itle:  4375 Forest Rd	Name and Title:	IO: 26 ATE DRIDA	
The V INIT  Name and T  Address	of stock is:  FIAL OFFICERS AND/OR DIRECTORS  itle: Carlos M. Gomez, President  4375 Forest Rd.	Name and Title:Address:	IO: 26 ATE DRIDA	
The V INIT  Name and T  Address	of stock is:  FIAL OFFICERS AND/OR DIRECTORS  itle:  Carlos M. Gomez, President  4375 Forest Rd.  West Palm Beach, FL. 33406	Name and Title:  Address:  Name and Title:  Address:	IO: 26 ATE DRIDA	
The V INIT  Name and T  Address  Name and Tit	of stock is:  FIAL OFFICERS AND/OR DIRECTORS  Carlos M. Gomez, President  4375 Forest Rd.  West Palm Beach, FL. 33406	Name and Title:  Address:  Name and Title:  Address:	IO: 26 ATE ORIDA	
The V INIT  Name and T  Address  Name and Tit  Address	of stock is:  FIAL OFFICERS AND/OR DIRECTORS  Carlos M. Gomez, President  4375 Forest Rd.  West Palm Beach, FL. 33406	Name and Title:  Address:  Name and Title:  Address:	IO: 26	

Name an	d Title:	Name and Title:		
Address		Address:		
	· · · · · · · · · · · · · · · · · · ·			
	<del></del>			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Carlos M. Gomez	to the region again in		
_	415 N. Dixie Hwy. #3	- 		
	Lake Worth, FL. 33460	F OC ALLAN		
ARTICLE VII	<u>INCORPORATOR</u>	FILE OCT 24 RETARY CO ANASSEE,		
The name and ad	Idress of the Incorporator is:			
Name: Address:	Carlos M. Gomez	1 IO: 21		
	4375 Forest Rd.	- <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> -		
	West Palm Beach, FL. 33406	<u>.</u> ;		
Effective date, if (If an effective d days after the fil Note: If the date	ate is listed, the date must be specific and canning.)	(OPTIONAL)  not be more than five business days prior or 90 business  le statutory filing requirements, this date will not be listed as s.		
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated it egistered agent and agree to act in this capacity		
	Carla M Gonoy	10/20/2016		
<del></del> 7.	Required Signature/Registered Agent	Date		
	Department of State constitutes 9 third degree felo	re true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.		
Carle of Garay		10/20/2016		
Requi	red Signature/Incorporator	Date		