P17000057373

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JUL 5 2017

COVER LETTER

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

SUBJECT: Wynwc	ood Blank Canvas Project, Inc.			
SCBGECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	& Certificate o Status	
		ADDITIONAL COPY REQUIRE		
FROM: Lil	iana Botero Nam	e (Printed or typed)		
46	NW 36th Street Suite 3			
-		Address		
Mia	nmi, FL 33127			
	City, State & Zip			
305	-796-8031			
	Daytime T	elephone number		
co66	04@bellsouth.net			
	E-mail address: (to be use	d for future annual report n	otification)	

NOTE: Please provide the original and one copy of the articles.

June 16, 2017 Miami, Florida

Wynwood Blank Canvas Project, Inc. 46 NW 36th street Suite 3 Miami, Florida 33127 Document No. P15000031847

Florida Department of State Division of Corporations

I am Liliana Botero president of Wynwood Blank Canvas Project, Inc. Document number P15000031847.

I would like to inform your department that I will no claim any reinstatement filing for my corporation Wynwood Blank Canvas Project, Inc. And I would like open a new corporation with the same of Wynwood Blank Canvas Project, Inc.

Attached are the articles of incorporation and the fee for the new corporation.

I am thanking you in advance for your cooperation on this matter.

Sincerely yours,

Liliana Botero

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

RTICLE II PR. 6 NW 36th Street	NCIPAL OFFICE Principal street address	Mailing address, if different is: 46 NW 36th Street		
Suite 3 Miami, FL 33127		Suite 3		
		Miami, FL 33127		
RTICLE III PUI	RPOSE ch the corporation is organized is:	all lawful business. Retail art an	d art supply services.	
	· · · · · · · · · · · · · · · · · · ·			
	11.45		<u> </u>	
ne number of shares	TIAL OFFICERS AND/OR DIRECTORS Liliana Botero, president			
ne number of shares	TIAL OFFICERS AND/OR DIRECTORS Title: Liliana Botero, president	Name and Title:		
-	TIAL OFFICERS AND/OR DIRECTORS Title: 46 NW 36th Street			
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Liliana Botero, president 46 NW 36th Street			
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Title: 46 NW 36th Street Suite 3 Miami, FL 33127	Address:		
RTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Liliana Botero, president 46 NW 36th Street Suite 3 Miami, FL 33127 tle: Pedro Percz Jr. 46 NW 36th Street	Address: Name and Title:		
ne number of shares RTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Liliana Botero, president 46 NW 36th Street Suite 3 Miami, FL 33127 tle: Pedro Perez Jr. 46 NW 36th Street Suite 3	Address: Name and Title: Address:		
RTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Liliana Botero, president 46 NW 36th Street Suite 3 Miami, FL 33127 tle: Pedro Perez Jr. 46 NW 36th Street	Address: Name and Title: Address:		
Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Liliana Botero, president 46 NW 36th Street Suite 3 Miami, FL 33127 tle: Pedro Perez Jr. 46 NW 36th Street Suite 3 Miami, FL 33127	Address: Name and Title: Address:		

Name a	nd Title:	Name and Title:	
Addres	.s	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Liliana Botero		
Address:	46 NW 36th Street Suite 3		
7.124.0527	Miami, FL 33127		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		7 JUL -3
The name and a	address of the Incorporator is:		The state of the s
Name:	Liliana Botero		
Address:	46 NW 36th Street Suite 3		
	Miami, FL 33127		, 0 , 0
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL cannot be more than five days p	.) orior or 90 days after the
	e inserted in this block does not meet the apple effective date on the Department of State's re-		s, this date will not be listed as
Having been na this certificate, i	med as registered agent to accept service of p am familiar with and accept the appointmen	process for the above stated corpo t as registered agent and agree to	ration at the place designated in act in this capacity
Ň.	Clem 14		06/16/2017
ν	Required Signature/Registered Age	nt	Date
I submit this do document to the	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the j e felony as provided for in s.817.1	false information submitted in a 55, F.S.
x fan (1)			06/16/2017
Requ	uired Signature/Incorporator		Date

June 16, 2017 Miami, Florida



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