## P18000005112

(Requestor's Name)				
(Address)				
(Addless)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



600307593716

01/17/18--01036--006 \*+50.00

01/17/18--01026--006 \*\*12.50

01/17/18--01028--007 \*\*25.00

FILED

18 JAN 16 PH 4: 38

JAN 1 8 2018

## **COVER LETTER**

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

SUBJECT: TattooM	lan Apparel Inc		
Jobat. C 1.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee	S78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
I'D (A.A.	rsha Baker Terrell		
		e (Printed or typed)	<del></del>
202	0 Scott Street		
		Address	<del> </del>
Hol	lywood, FL, 33020		
<del></del>	City	, State & Zip	
954	-839-0631		
<del>-</del>	Daytime T	elephone number	
Mar	sha@tattoomanapparel.com / tattoo	omanheadbands@gmail.com	

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

E-mail address: (to be used for future annual report notification)

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

<u>RTJCLE II PRIN</u>	Principal street address	Mailing ac	Idress, if different is:	
020 Scott St		P O Box 1482		
ollywood, FL 33020		Ft Lauderdale, FL	Ft Lauderdale, FL 33302	
RTICLE III PURI	the corporation is organized is:	nt to employ more people; t	o spread the benefit of this	
e purpose for which isiness to the greates	at possible number, to help them build up thei	r lives and their homes To	do this, we will put the greater	
	ck into the business.			
			2 m	
			ASS 71 1	
RTICLE IV SHAL	RES 100 f stock is:		P P E	
e mander or shares e	t stock is.			
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS			
Name and Tit	Marsha Baker Terrell President/Founder	Name and Title:		
Address	2020 Scott St	•		
	Hollywood, FL 33020	-		
		<del></del>		
Name and Titl	e:	Name and Title:		
Address		Address:	<u> </u>	
	e:	Name and Title:		
Name and Titl				
Name and Titl Address	<del></del>	Address:		

Name a	nd Title:	Name and Title:
Addres		Address:
		_
ARTICLE VI	REGISTERED AGENT	No fisher and a second and a second as
Name:	Florida street address (P.O. Box NOT acceptable) Marsha Baker Terrell MosSoBokes Vi	
Address:	2020 Scott Street	
	Hollywood Fl. 33020	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Marsha Baker Terrell Masha Ray	Sex Jerrell
Address:	2020 Scott Street	
	Hollywood, FL, 33020	_
Effective date, i	EFFECTIVE DATE:  f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) inot be more than five days prior or 90 days after the
	te inserted in this block does not meet the applicab effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as ls.
this certificate,	I am familiar with and accept the appointment as	
Marsha	Butter Jerreel  Required Signature/Registered Agent	1/8/2018
,	Required Signature/Registered Agent	/ / Date
	ocument and affirm that the facts stated herein a v Department of State constitutes a third degree fel	ere true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.
Mush	a B. Kes Jerre's	1/8/2013
1 10 600 1	un en engligtiftet inen ivnattil	· I mit