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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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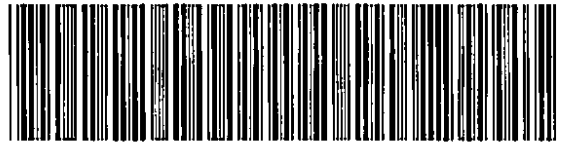
(Business Entity Name)

(Document Number)

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SECRETARY OF  
TALLAHASSEE, FLORIDA

D OKETTE  
MAR 15 2018

## COVER LETTER

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

**SUBJECT:** TATTOO COLOR GUARD, 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:** D. MICHAEL CLOWER, ESQ.

Name (Printed or typed)

224 South Beach Street, Suite 204

Address

Daytona Beach, FL 32114

City, State & Zip

(386) 239-0100

Daytime Telephone number

clowerpa@att.net

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: TATTOO COLOR GUARD

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2 Trotter Court

P.O. Box 265849

Daytona Beach, FL 32114

Daytona Beach, FL 32126

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The primary purpose will be the production and sales of a skin care product that protects body tattoos from fading and related business.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul E. Burke, Sr., President/Treasurer

Name and Title: Paul Burke, Jr., Vice President/Secretary

Address P.O. Box 265849

Address: P.O. Box 265849

Daytona Beach, FL 32126

Daytona Beach, FL 32126

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: D. Michael Clower, Esq.

Address: 224 South Beach Street, Suite 204

Daytona Beach, FL 32114

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul E. Burke, Sr.

Address: P.O. Box 265849

Daytona Beach, FL 32126

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

D. M. Clower

Required Signature/Registered Agent

3/6/18

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.*

Paul E. Burke

Required Signature/Incorporator

3/6/18

Date