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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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SECRETARY OF STATE  
TALLAHASSEE, FL

2019 AUG -6 AM 10:10

**FLORIDA PROFIT/NON PROFIT CORPORATION  
KING SNAKE TATTOO INC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FL**ARTICLE I NAME**  
The name of the corporation shall be: KING SNAKE TATTOO INC**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

3537 SW 23 STREETSAMEMIAMI, FLORIDA 33145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SAMANTHA MANCINO PRESIDENT

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

Address 3537 SW 23 STREET

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

MIAMI, FLORIDA 33145

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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: SAMANTHA MANCINO  
Address: 3537 SW 23 STREET  
MIAMI, FLORIDA 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SAMANTHA MANCINO  
Address: 3537 SW 23 STREET  
MIAMI, FLORIDA 33145

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SECRETARY OF STATE  
TALLAHASSEE, FL


**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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

07/30/2019

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

07/30/2019

\_\_\_\_\_  
Date