

P10000098488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

12/29/20--01000--005 4470.00

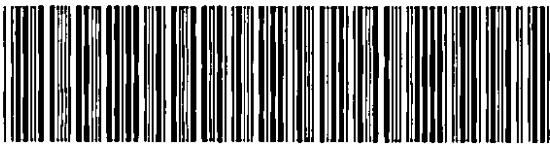
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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הנִּזְבְּחָנִים

2020 DEC 23 AM 11:15

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SACRED ART TATTOO & PIERCING, INC.

Signature

Requested by: BA

12/22/20

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

2020 DEC 23

AM 11:45

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: Sacred Art Tattoo & Piercing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4549 Grand Boulevard, New Port Richey, FL 34652

Mailing address, if different is:

4549 Grand Boulevard, New Port Richey, FL 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & All Legal Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Crose, P, D

Name and Title: Ariel Crose VP, S, T

Address

4549 Grand Boulevard

Address:

4549 Grand Boulevard

New Port Richey, FL 34652

New Port Richey, FL 34652

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2020 DEC 23 AM 11:45

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: Charles Crose

Address: 4549 Grand Boulevard

New Port Richey, FL 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Crose

Address: 4549 Grand Boulevard

New Port Richey, FL 34652

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

Charles A. Crose
Required Signature/Registered Agent

12/18/2020
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 in s.817.155, F.S.

Charles A. Crose
Required Signature/Incorporator

12/18/2020
Date

2020 DEC 23 AM 11:45
FLORIDA
STATE
AGENCY
REGISTRATION
AND
SEARCH
DIVISION
DEPARTMENT
OF
STATE
TALLAHASSEE
FLORIDA
32399-0200