da Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please

Email Address:__

FLORIDA PROFIT/NON PROFIT CORPORATION

Nasty Art Productions, Inc

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03
\$78.75

J. FASON

MAR 0 4 2021

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRINCIPAL OFFICE			11 15 2500	·
	Principal street address	Mailu	ng address, if different	IS:
0 BW South Rivor Dr. Api 1208 liami, FL 33130				
<u> </u>				
RTICLE III PURPO he purpose for which t	OSE ne corporation is organized is:			
Any and all lav				
			,	
ADTICLE IV CITAD	FC 000			
ARTICLE IV SHAR	ES stock is: 200			201
ARTICLE IV SHAR The number of shares of	<u>ES</u> stock is: 200			2021 H
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS			2021 HAR
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS	Name and Title:		
ARTICLE V INITE				
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS Inwin Baum, President 10 SW South River Dr. Apt 1206	Name and Title: Address:		-3 A
ARTICLE V INITE	AL OFFICERS AND/OR DIRECTORS : Irwin Baum, President			-3 A1 6: 3
ARTICLE V INITE	AL OFFICERS AND/OR DIRECTORS Inwin Baum, President 10 SW South River Dr. Apt 1206			-3 A 6:
Name and Titl Address	Irwin Baum, President 10 SW South River Dr. Apt 1206 Miami, FL 33130	Address:	<u> </u>	-3 A 6: 39
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Inwin Baum, President 10 SW South River Dr. Apt 1206	Address:	<u> </u>	-3 A 6: 39
Name and Titl Address	Irwin Baum, President 10 SW South River Dr. Apt 1206 Miami, FL 33130	Address:	<u> </u>	-3 All 6:39
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Name and Title Address Name and Title Address	Irwin Baum, President 10 SW South River Dr. Apt 1206 Miami, FL 33130	Address: Name and Title: Address: Name and Title:	ž .	-3 A 6:39

Name and	Title:	Name and Title:	
Address			
	·		
The name and Flo	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Irwin Baum		
Address:	10 SW South River Dr. Apt 1206	_	•
Address.	Miami, FL 33130		
		-	2021
ARTICLE VII	INCORPORATOR		2021 MAR
The name and ad	dress of the Incorporator is:		ů
Name:	Irwin Baum	_	>
Address:	10 SW South River Dr. Apt 1206	<u>-</u>	. 6
••••	Miami, FL 33130	_	် မာ - မာ
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d	other than the date of filing:	ot be more than five days prior	or 90 days after the
filing.)			is date will not be listed as
Note: If the date	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory ming requirements, as	is dute will not be income.
			se the place designated in this
Having been nan certificate, I am J	ned as registered agent to accept service of process ; familiar with and accept the appointment as registe	red agent and agree to act in this	capacity
1	TWIN ROUM		2/05/2/
	Required Signature/Registered Agent		Date /
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felot	e true. I am aware that the false ny as provided for in s.817.155, F	information submitted in a LS. / /
XI	Wh Bur	Date.	2/25/21
Required Signat	ure/Incorposator	Date	