P24000007883

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
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Special Instructions to Filing Officer:				

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv°

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 1/30/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1225287

ORDER ENTITY___

ART CITY INC

, · · · · · · · · · · · · · · · · · · ·	
PLEASE PERFORM THE FOLLOWING SERVICES:	
PLEASE PERFURM THE FULLUWING SERVICES:	
ADT OUTVING (EL)	

ART CITY INC (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 30, 2024 Page I of I

COVER LETTER

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

SUBJECT: Ar	t City Inc		
-	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i 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 o Status
		ADDITIONAL CO	DPY REQUIRED
FROM: KA	AYLYN POIRIER Nam	e (Printed or typed)	
67	6 W Prospect Road	Address	
F.o.	d Laudardala El 22200	Address	
<u> F0</u>	rt Lauderdale, FL 33309 City	, State & Zip	
95	4-566-8513 Daytime	Felephone number	
Jm	arcuscpa@yahoo.com		
	E-mail address: (to be use	d 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)

TICLE II PRINC	IFAL OFFICE	
DUVAL STREET	Principal street address	Mailing address, if differen
Y WEST, FL 33040		
		
TICLE III PURPO	<u>DSE</u> ne corporation is organized is: ONLINE S	HIPPING/RETAIL STORE
parpose for which the	e corporation is organized is:	
		# · · -
TICLE IV SHADE	e.c	
TICLE IV SHARE number of shares of s	<u>∞</u> stock is: 100	
		
TICLE V INTER	LAPERTER AND AND DIDECTARS	
TICLE V INTIA	<u>I. OFFICERS AND/OR DIRECTORS</u>	
	PRIEL VAKNIN - PRESIDENT	Name and Title:
Name and Title:	PRIEL VAKNIN - PRESIDENT	
Name and Title:	PRIEL VAKNIN - PRESIDENT	Name and Title:
Name and Title:	PRIEL VAKNIN - PRESIDENT	
Name and Title:	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET	
Name and Title:	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET	
Name and Title:	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET	
Name and Title:	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET KEY WEST, FL 33040	Address:
Name and Title: Address Name and Title:	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET KEY WEST, FL 33040	Address: Name and Title:
Name and Title:	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET KEY WEST, FL 33040	Address: Name and Title:
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Name and Title: Address Name and Title: Address	PRIEL VAKNIN - PRESIDENT 624 DUVAL STREET KEY WEST, FL 33040	Address: Name and Title: Address: Name and Title:

Name	and Title: Name a	and Title:
Addre	Addres Addres	ss:
		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Name:	PRIEL VAKNIN	
Address:	624 DUVAL STREET	
	KEY WEST, FL 33040	
ABTICLE VIII	N/CODDOD (TOD	
	INCORPORATOR address of the Incorporator is:	
Name:	PRIEL VAKNIN	
Address:	624 DUVAL STREET	
Address;	KEY WEST, FL 33040	
ARTICLE VII	I EFFECTIVE DATE: if other than the date of filing:	(ORTIONAL)
(If an effective filing.)	e date is listed, the date must be specific and cannot be mor	re than five days prior or 90 days after the
	ate inserted in this block does not meet the applicable statutory	v filing requirements, this date will not be listed
	s effective date on the Department of State's records.	
	amad as masistanad assault a assault amains of massaults at health	ove stated corporation at the place designated in
certificate, I an	n familiar with and accept the appointment as registered agent	and agree to act in this capacity
certificate, I an	n familiar with and accept the appointment as registered agent	and agree to act in this capacity 01/29/2024
certificate, I an	n familiar with and accept the appointment as registered agent	
Certificate, I an Pra I submit this d		01/29/2024 Date um aware that the false information submitted i

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