

P24000032354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

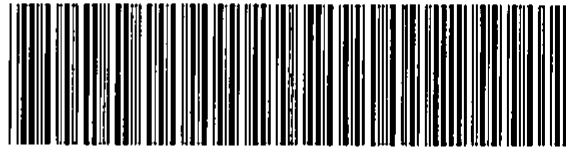
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Certified Copies _____

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S. CHATHAM
MAY 10 2024

FILED

2024 MAY -9 AM 12:01

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2024 MAY -9 AM 10:57

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/09/2024

****WALK IN****

ENTITY NAME ARTO MANAGEMENT CORP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # 120140000108

United Corporate

Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much.

COVER LETTER

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

SUBJECT: ARTO MANAGEMENT CORP.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee.
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Arnold Toren

3740 South Ocean Blvd, Unit 1406

Address

Highland Beach, FL 33487

City, State & Zip

212-889-6371

AToren@akozakeo.com

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: ARTO MANAGEMENT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3740 South Ocean Blvd, Unit 1406
Highland Beach, FL 33487

Mailing address, if different is:
3740 South Ocean Blvd, Unit 1406
Highland Beach, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL ACT

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arnold Toren, PRES, SEC & DIRECTOR Name and Title: _____

Address 3740 South Ocean Blvd, Unit 1406 Address: _____

Highland Beach, FL 33487 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2024 MAY -9 4M12:01
SECRETARY OF STATE
TALLAHASSEE, FL

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: Arnold Toren

Address: 3740 South Ocean Blvd, Unit 1406

Highland Beach, FL 33487

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Arnold Toren

Address: 3740 South Ocean Blvd, Unit 1406

Highland Beach, FL 33487

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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

/s/Arnold Toren
Required Signature/Registered Agent

5/8/2024
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.

/s/ Arnold Toren
Required Signature/Incorporator

5/8/2024
Date