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

SUBJECT: INKPRESSIONS Tattoo Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70,00 Filing Fee \$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Raphael A. Ospino
Name (Printed or typed)

9718 Hammocks Blid. # 104

Mami Fl. 33/96
City, State & Zip

(305) 971-1100 - (301) 385 · 7345

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ne 7/8/97

FILED

## ARTICLES OF INCORPORATION

97 JUL -7 AM 8: 48

The undersigned incorporator, for the purpose of forming a corporation under the Florida AHASSEE, H. ORIDA

## ARTICLE I NAME

The name of the corporation shall be:

INK-PRESSIONS TATTOO INC,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18901 South Dixie HWay #191 Perine FL. 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(two)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Papha el A: Ospino. 1208 N E 3 Dele. Ft. tanderdale P. 33304

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Raphael A. Oskino- 1)

Myriam Reston- 2)

Myriam Reston- 5/2/97

Miami- Raphael A. Oskint 7/2/97

Signature/Incorporator nycion / Astra Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Raphael A. Ospans
Signature/Registered Agent