19800051845

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

2**0000255144**2---1 -06/08/98--01097--012 *****78,75 ******78,75

SUBJECT: Cyclone 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 & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Lori Jean Haaker		- 	
	Name (Printed or typed)			
	6250 SW 30 ST	r Sec	SEC SEC	
	Address			
	00:00		ASSA ASS	
	Miramar Pl 33023		= =	
	City, State & Zip		7 -	
	954-987-6976		STATE LORID	
	Daytime Telephone number		>	

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

J. P.

LES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business	Corpo	oration Act	, hereby	aaopts	the j	ollowing	g Arnc	ies of in	corpora	поп.	5 111
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Cyclone Tattoo Inc.

ARTICLE	77	<i>PRINCIPA</i>	I. OFFICE

The name of the corporation shall be:

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

4688 Palm Aue Hialeah FL 33012

ARTICLE III SHARES

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

one hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lori Jean Haaker 6250 SW 30 ST

Miramar Pl 33023

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Lori Jean Hacker 6250 SW 30 ST Miramar FC

SOLIN CONTRACTOR OF THE STATE O

(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

Signature/Registered Agent