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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/9/04  
SPH

State

# TRANSMITTAL LETTER

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

**SUBJECT:** Heather Funk Photography Inc.

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Heather V. Funk

Name (Printed or typed)

2905 Sheridan Ave 1

Address

Miami Beach, Florida 33140

City, State & Zip

305-788-7623

Daytime Telephone number

**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:

Heather Funk Photography, Inc

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2905 Sheridan Ave 1 Miami Beach, Florida 33140

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To accomplish several types of photography; to include assessorly sales of photos and allied material sales

### **ARTICLE IV SHARES**

The number of shares of stock is:

Five Hundred (500) shares

### **ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Heather V. Funk, P, S, T, & Dir 2905 Sheridan Ave 1 Miami Beach, Florida 33140

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Heather V. Funk 2905 Sheridan Ave 1 Miami Beach Florida 33140

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

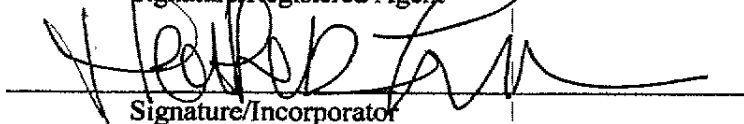
Heather V. Funk 2905 Sheridan Ave 1 Miami Beach, Florida 33140

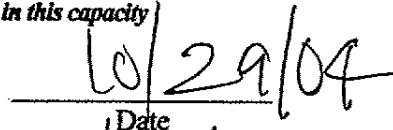
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date