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99 AUG 17 PM 3:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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Tallahassee, FL 323	14		-	
SUBJECT: AR	TLIFE PRODUCTIONS, INC. (Proposed corpor	ate name - must include suf	īix)	
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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Karen Sadler		- · · .	
	Name (Printed or typed)			
	1872 Hickory Lane			
	A	ddress		
	Atlantic Bead	ch, Florida 3223	3	

(904) 247- 8337

Daytime Telephone number

City, State & Zip

GAVE

AUTHORIZATION BY PHONE TO

CORRECT art. I

DATE 8/34/99

DOC. EXAM World Brown

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flori	da
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

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ARTICLE I NAME

The name of the corporation shall be:

ARTLIFE PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1872 Hickory Lane Atlantic Beach, FL 32233

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Karen Sadler 1872 Hickory Lane

ARTICLE V INCORPORATOR

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

Karen Sadler 1872 Hickory Lane Atlantic Beach, FL 32233

8-16-99

Signature/Incorporator

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

Signature/Registered Agent

8-16-99

Date