

U U URANSMITTAL LETTU > 005
TO: Registration Section Division of Corporations
SUBJECT: Artist of the Sec Incorporated (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: COOO42734867 -05/21/0101106010
Joyce Yaffe *****87.50 *****87.50
Artist of the Sea Incorporated
(Firm/Company)
- 3/44 Heron Rige Lone
Weston FL 33331
(City/State and Zin code)
Wo 1-11894
For further information concerning this matter, please call:
Doyce yeffe at (954) 217-0513 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy  Certified Copy





## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 24, 2001

JOYCE YAFFE ARTIST OF THE SEA INC. 3744 HERON RIDGE LANE WESTON, FL 33331

SUBJECT: ARTIST OF THE SEA INC.

Ref. Number: W01000011894



We have received your document for ARTIST OF THE SEA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of your application was missing. Please complete the attached second page.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is availd entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  $(850)\ 487\text{-}6958$ .

Lee Rivers Document Specialist

Letter Number: 801A00032100

CetiFicate of EXISTENCE
Attached
Florida 32314

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (Date of incorporation) (Duration: Year corp. will cease to exist or (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Office Address: (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

#12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	<u>.</u>
Chairman: Joyce MAPE	
Maston #1 33331	
Vice Chairman:	
Address:	
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Director: Soyee loffe	:
SHILL	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Secretary: Poul Con CPo	Par 1
Address:	
Address	
Treasurer: Paul y ffe	
Address: 3744 Heron Ridge Lane	
Weston FL 33331	
NOTE: If necessary, you may attach an addendum to the application listing addit	tional officers and/or directors.
13(Signature of Chairman, Vice Chairman, or any officer listed in no	number 12 of the application)
14. Joyce Vafte Chamman, or any parice listed in the	Dive Color in application)
(Typed or printed name and capacity of person s	

## State of Delaware

## Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTIST OF THE SEA INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2001.

ON JUL 11 PM 2: 47
SECRE PART OF STATE AHASSEE FLORIDA



Warriet Smith Windson, Secretary of State

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010297517

AUTHENTICATION: 1217076

DATE: 06-28-01