# F03000004014

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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W03-21411 J. BRYAN JUL 2 9 2003

J. BRYMH AUG 1 3 2003

### TRANSMITTAL LETTER

_	ation Section n of Corporations
SUBJECT:	ARTFORM, INC.
	(Name of corporation - must include suffix)
Dear Sir or Ma	am:
	application by Foreign Corporation for Authorization to Transact Business in Florida", existence", and check are submitted to register the above referenced foreign corporation ess in Florida.
Please return al	correspondence concerning this matter to the following:
Frank H. V	eaver
	(Name of Person)
ARTFORM	, INC.
	(Firm/Company)
18016 Arb	r Crest Drive
	(Address)
Tampa, FL	(Address)
	(City/State and Zip code)
For further info	mation concerning this matter, please call:
Frank H. W	eaver at ( 813 ) 994-7177
(Name	of Person) (Area Code & Daytime Telephone Number)
STREET ADD Registration Se Division of Con 409 E. Gaines S Tallahassee, FL Enclosed is a cl	tion Registration Section porations Division of Corporations t. P.O. Box 6327
□ \$70.00 Filin	



July 29, 2003

FRANK H. WEAVER ARTFORM, INC. 18016 ARBOR CREST DRIVE TAMPA, FL 33647-2953

SUBJECT: ARTFORM, INC. Ref. Number: W03000021411

We have received your document for ARTFORM, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 703A00043801

Joey Bryan Document Specialist ABANG TON COLONGE TO THE PARTY OF THE PARTY

# RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Frank H. Weaver, do hereby certify that this Resolution of the Board of Directors of ARTFORM, INC., a corporation duly organized and existing under the laws of the State of. Tennessee, was duly adopted on August 1, 2003.

Be it resolved, that ARTFORM, INC., organized and existing in the State of Tennessee, hereby adopts the name ARTFORM INK, INC. for use in Florida.

Dated:

August 4, 2003

Signature:

Frank H. Weaver, Vice Chairman/Secretary

## 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.

L ARTFORM	M, INC.		
words or abbrev		clearl me at	**************************************
Tennessee	•	3.	62-1814515
(State or country	under the law of which it is incorporated		(FEI number, if applicable)
July 26,	2000	5.	Perpetual 9 30
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
April 18, 2	2003		3
(Date first transa			t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
18016 Ar	bor Crest Drive Tampa, FL 33	3647	7-2953
	(Principal offic	e add	lress)
PO Box 4	l8842 Tampa, FL 22	647	-0124
	(Current mailin	g add	lress)
(Purpose)			ountry to be carried out in state of Florida)  (P.O. Box or Mail Drop Box NOT acceptable)
Office Address: 18016 Arbor Crest Drive Tampa, FL			
			, Florida 33647-2953
(City)		(Zip code)	
Having been nan lesignated in thi Turther agree to	s application, I hereby accept the app	oint utes :	ice of process for the above stated corporation at the plac ment as registered agent and agree to act in this capacity relative to the proper and complete performance of my of my position as registered agent.

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.

(Registered agent's signature)

# 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Janice E. Weaver 18016 Arbor Crest Drive Tampa, FL 33647-2953 Vice Chairman: Frank H. Weaver 18016 Arbor Crest Drive Address: Tampa, FL 33647-2953 Director: \_ **B. OFFICERS** President: \_\_\_\_Janice E. Weaver 18016 Arbor Crest Drive Address: Tampa, FL 33647-2953 Vice President: Address: Frank H. Weaver 18016 Arbor Crest Drive Tampa, FL 33647-2953 Treasurer: \_ Address: . NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Typed or printed name and capacity of person signing application)

Frank H. Weaver, Vice Chairman/Secretary

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 07/17/2003 REQUEST NUMBER: 4865-0848 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/26/2000 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0393044 JURISDICTION: TENNESSEE

TO: ARTFORM, INC %FRANK WEAVER 18016 ARBOR CREST DR TAMPA, FL 33647-2953 REQUESTED BY: ARTFORM, INC %FRANK WEAVER 18016 ARBOR CREST DR TAMPA, FL 33647-2953

### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "ARTFORM, INC"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/17/03

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003331349 ACCOUNT NUMBER: 00420880



TAMPA, FL 33647-0124

FROM:

ARTFORM, INK. PO BOX 48842

> RILEY C. DARNELL SECRETARY OF STATE

CC 445