F09000002197

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
10 16 20C
-1019-22389
Office Use Only



700155737967

SECRETARY OF STATE TALLAHASSEE, FLORIDA

05/11/09--01028--003 **87.50

COVER LETTER

10:	New Filing Section Division of Corporations			
SUBJ	ECT: ART FX INC			
(Name of corporation - must include suffix)				
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," and check are submitted to register the above referenced foreign corporation of business in Florida.	to		
Please	return all correspondence concerning this matter to the following:			
	Michael Woodrard			
	(Name of Person)	_		
	ART FX INC (Firm/Company)			
	(Firm/Company)	_		
	1902 Oak St			
	(Address)			
	Sarasota FL 34236.			
	1902 Oak St (Address) Sarasota FL 34236, (City/State and Zip code)	_		
For fur	ther information concerning this matter, please call:			
Mich	(Name of Person) at (941, 966, 8912. (Area Code & Daytime Telephone Number)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclose	ed is a check for the following amount:			
\$7 0.	.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	ıs &		

Michael Woodward

1022 Hancock Ave, Sarasota, FL 34232 Tel 941 966 4042 email; michaelwoodward@mac.com

5/20/09

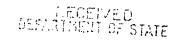
Dear Ms Poole

Re-amended form enclosed. Pieuse note

new address.

Jours Jincenels Michael R. Woodhung





FLORIDA DEPARTMENT OF STATE NAME 11: 45 **Division of Corporations**

May 12, 2009

MICHAEL WOODWARD ART FX INC 1902 OAK ST. SARASOTA, FL 34226

SUBJECT: ART FX INC Ref. Number: W09000022389

We have received your document for ART FX 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 009A00016144

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.

1.	ART FX INC	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	INDIGO HOUSE INC.	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	NEVADA (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	FEB 13 1998 5. Perpetual. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	May 1st 2009	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	ddres
7.	1902 Oak St, Sarassta FL 74236 (Changeny to de (Principal office address)	below
	(Principal office address)	May 9
	1022 HANCOCK AVE, SARASOTA FL 34232	
	(Current mailing address)	
8.	Consultancy Service 30	09
	(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 NOT acceptable)	APTE
	Name: DOWD, WHITTAKER ASSOC.	R DES
O	Name: Dowd, WHITTAKER ASSOC. Still S. Tamummi Tt2. Ste 303	ري 🛴
	SA VENICE, Florida SY292	8
	(City) (Zip code)	

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	
Chairman:	MICHAEL WOODWARD.
Address:	1022 HANCOCK AVE
	SARASOTA FL 34232.
Vice Chairman:	
	- · · · · · · · · · · · · · · · · · · ·
Address:	
B. OFFICERS	
President:	
Address:	1022 HANCOCK AVE
	SARASOTA FL 34232
Vice President:	
Address:	
Secretary:	MICHAEL WOODWARD.
Address:	\(
Treasurer:	MICHAEL WOODWARD.
Address:	
	/
NOTE: If necessary, ye	ou may attach an addendum to the application listing additional officers and/or directors.
13	
	Signature of prector or Officer listed in number 12 of the application)
14.	MICHAEL WOODWARD

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ART FX INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 13, 1998, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20090505-0313
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 5, 2009.

ROSS MILLER Secretary of State