Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000175472 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION ArtsMarket, Inc.

Certificate of Status	0
Certified Copy	0
Page Count .	04
Estimated Charge	\$70.00

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H140001764723

COVER LETTER

TO:	New Filing Sec Division of Co			
SUR	IECT:	Arts	flarket, Inc.	
БОВ	.EC1	Name of corpora	tion - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existen	tion by Foreign Corporation ce," or "Certificate of Good in gn corporation to transact but	Standing" and check are su	act Business in Florida," bmitted to register the
Please	return all corres	pondence concerning this ma	atter to the following:	
		Tamara	Al-Fokaiki	
		Name	of Person	
		InCorp Se	ervices, Inc.	
-	-	Firm/C	Company	
	_	2360 Corporate	Circle, Suite 400	
		A	ldress	
		Henderso	n, NV 89074	
	•	City/Sta	e and Zip code	
			@incorp.com	
		E-mail address: (to be us	ed for future annual report	notification)
For fu	rther information	concerning this matter, plea	se call:	
ami Al-	Fokaiki for InCo	orp Services, Inc at (
	Name of Perso	on Ar	ea Code & Daytime Telepi	hone 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	
Enclos	sed is a check for	the following amount:		
9 \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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.

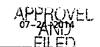
01/13/201 (Date Upon regist	of incorporation) ration (Date first transacted busines (SEE SECTIONS 607.1501 & 607	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") ss in Florida, if prior to registration)	<u> </u>
(Date Upon regist	of incorporation) ration (Date first transacted busines (SEE SECTIONS 607.1501 & 607	(Duration: Year corp. will cease to exist or "perpetual")	1
Upon regist	(Date first transacted busines (SEE SECTIONS 607.1501 & 607)
•	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	ss in Florida, if prior to registration)	
OUZ GUIIEE	Creek Road Bozeman, MT 597	7.1502, F.S., to determine penalty liability)	_
	(Principal office a		
662 Coffee	Creek Road Bozeman, MT 5971	•	SE T
	(Current mailing a		JUL 24 PM
. Name and stree	address of Florida registered agent: ((P.O. Box NOT acceptable)	記 記 54 PM
Name:	InCorp Services, Inc.		
office Address:	17888 67th Court North		72
	Loxahatchee	Florida 33470	
	(City)	(Zip code)	
. Registered age Taving been name	(City) nt's acceptance: ed as registered agent and to accept se application, I hereby accept the appoi mply with the pipvisions of all statute	, FIOTICE	pacity. I

10. 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.

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11111

11. Name	es and business addresses of officars and/or directors:	14 JUL 24 PM 1:21
A. DIRE		SECRETARY OF STATE
Chairman:	John F. Stevens	TALLAHASSEE SLORIDA
	662 Coffee Creek Road	
Auguess, _	Bozeman, MT 59715	
Vice Chair	man:	
711MH 0001 _		
Director:		
Director:		
_		<u> </u>
B. OFFI	CERS	
President:	Louise K. Stevens	
	662 Coffee Creek Road	
	Bozeman, MT 59715	
Vice Presid	lent:	
Secretary;		
Address:		
Treasurer;		
Address: _		
NOTE: I	pecessary, you may attach an addendum to the application listing additiona	afficers and/or directors
12.	add -	assissing mind it desphased
The office	Signature of Director or Officer or or director signing this document (and who is listed in number 12 above) a	ffirms that the facts stated here!
are true an	d that he or she is aware that false information submitted in a document to the following provided for in 2.817.155, F.S.	he Department of State constitutes
13	Louise K. Stavens, President	•
	(Typed or printed name and capacity of person signing applica	ation)



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SECRETARY OF STATE SECRETARY OF STAILARASSEE FLOT

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

ARTSMARKET, INC.

duly filed its Articles of Incorporation in this office on 13 January 2014, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF. I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 23 July 2014.

LINDA MCCULLOCH Secretary of State

ginde Mc Cullack

Certified File Number: D244423