

N/960000004209

TRANSMITTAL LETTER

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

SUBJECT: Artisans Studio, Inc.
(Proposed corporate name - must include suffix)

200001916432
-08/08/96--01038--015
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Clinton L. Whittemore
Name (Printed or typed)

502 Palm Street Suite 8
Address

West Palm Beach, Florida 33401
City, State & Zip

(561) 681-5057
Daytime Telephone number

FILED
96 AUG -8 AM 9:27
TALLAHASSEE, FLORIDA

AUG 13 1996

BSB

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

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

Artisuns Studio, Inc.

ARTICLE II

Principal place of business and mailing address

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

502 Palm Street Suite 8
West Palm Beach, Florida 33401

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

Decorative Finishes/Artwork, Supplies, Instruction, Furniture Finishing & Sales

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows

As stated in By-Laws

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TALLAHASSEE, FLORIDA

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Clinton L. Whittemore
502 Palm Street Suite 8
West Palm Beach, Florida 33401

ARTICLE VII

Incorporators

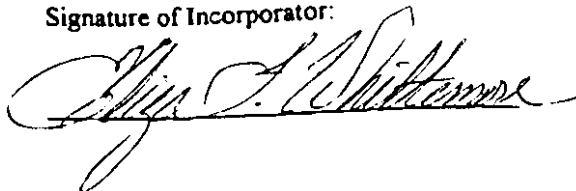
The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Clinton L. Whittemore
1617 North Flagler Drive
West Palm Beach, Florida 33407

Eliza F. Whittemore
1617 North Flagler Drive
West Palm Beach, Florida 33407

The undersigned incorporator has executed these Articles of Incorporation this 6th day of August, 1996.

Signature of Incorporator:



Eliza F. Whittemore

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Artisans Studio, Inc.

(must include suffix)

2. The name and address of the registered agent and office is:

Clinton L. Whittemore

(NAME)

502 Palm Street Suite 8

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

West Palm Beach, Florida 33401

(CITY/STATE/ZIP)

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)

August 6, 1996

(DATE)

FILED
AUG 6 1996
TALLAHASSEE, FLORIDA

N 96000004209

Clinton L. Whittemore

Requestor's Name

502 Palm Street Suite 8

Address

West Palm Beach, FL

City/State/Zip

Phone #

33401

000002255820--9

-08/04/97--01021--001

****105.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
97 AUG -4 AM 11:22

TLA AUG 4 1997

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida nonprofit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is ARTISANS Studio, Inc.

SECOND: Adoption of dissolution

(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution dissolve was adopted was _____.

(CHECK ONE)

- ☐ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was

8/1/97.

The number of directors in office was 2 and the vote for the resolution was 2 for and 0 against.

Signed this 8th day of 8, 19 97.

Signature

(By the Chairman or Vice Chairman of the Board, President or other officer)

ELLEN F. WHITTEMORE
Typed or printed name

Pres.

Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
AUG -4 AM 11:22