POULOS SULLETTER FILED

00 JUN -2 PM 3: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: ART TRUST INCLUDE SUFFIX) (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	-06/02/0 ****78	752305 001079013 .75 *****78.75	
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate of Status		
FROM: VICTOR MADER Name (Printed or typed)					
Address SHORE BLVD					
	NAPLES CHO.	FL. 34/E State & Zip	12		
H14-807-7969 Daytime Telephone number					

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

/H 6/12/00/

, was at the	OF IN	INCORPORATION
ARTICLES	Ο'n	INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

1

The name of the corporation shall be:

ART TRUST, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

733 GULF SHORE BLVD NAPLES, FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ART SHLES, RETAIN

ARTICLE IV SHARES

The number of shares of stock is:

2,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

REGISTERED AGENT ARTICLE VI

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

VILTOR MADER 333 GOLF SHORE BLYD NAPLES, FL 34102

INCORPÓRATOR

The name and address of the Incorporator is:

ABOVE

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agres to act in this capacity

Signature/Registered Agent

Signature/Incorporator