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TRANSMITTAL LETTER

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

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SUBJECT:

Marti's MasterWorks, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Barbara Martin

Name (Printed or typed)

P.O. Box 435

Address

Keystone Heights, FL 32656-0435

City, State & Zip

352-473-5199 or 352-473-7729

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 20 PM 3:55

FILED

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

T BROWN JUN 23 2000

ARTICLES OF INCORPORATION
OF
MARTI'S MASTERWORKS, INC.

FILED
00 JUN 20 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I – Name

The name of this corporation shall be: Marti's MasterWorks, Inc.

Article II – Commencement & Duration

The commencement of this corporation's existence shall be at the time of the filing of these Articles of Incorporation by the Florida Department of State, Division of Corporations. This corporation's duration shall be perpetual.

Article III – Purpose

This corporation is being organized for the purpose of engaging in the transaction of any and all business activities permitted under the laws of the State of Florida and the United States of America.

Article IV – Capital Stock

This corporation shall have the authority to issue 5000 par value shares of common capital stock.

Article V – Initial Board of Directors

The number of directors on this corporation's Initial Board of Directors shall be two. The number of directors may be increased or decreased from time to time, as provided in this corporation's bylaws, but shall never be less than two.

The names and addresses of each individual who shall serve as a member of the Initial Board of Directors are:

Barbara Walls Martin
6784 Spring Lake Village Road
Post Office Box 435
Keystone Heights, Florida 32656-0435

Robert John Martin
6784 Spring Lake Village Road
Post Office Box 435
Keystone Heights, Florida 32656-0435

Article VI – Indemnification

This corporation shall indemnify any officer, director, employee, or agent, and any former officer, director, employee, or agent, to the full extent permitted by law.

Article VII – Principal Office

The address of this corporation's principal office and its mailing address are:

6784 Spring Lake Village Road
Post Office Box 435
Keystone Heights, Florida 32656-0435

Article VIII – Initial Registered Agent

The name and Florida street address of this corporation's initial registered agent shall be:

Barbara Walls Martin
6784 Spring Lake Village Road
Post Office Box 435
Keystone Heights, Florida 32656-0435

Article IX – Incorporator

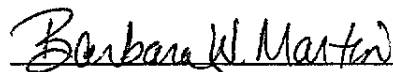

The name and address of the individuals who shall serve as this corporation's incorporators are:

Barbara Walls Martin
6784 Spring Lake Village Road
Post Office Box 435
Keystone Heights, Florida 32656-0435

Robert John Martin
6784 Spring Lake Village Road
Post Office Box 435
Keystone Heights, Florida 32656-0435

Article X – Amendment

This corporation reserves the right to amend or repeal any provisions in these Articles of Incorporations, or any amendments hereto. Any rights conferred upon the shareholders shall be subject to this reservation.


Barbara Walls Martin – Incorporator

Robert John Martin – Incorporator

FILED
00 JUN 20 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Acceptance

I hereby accept my designation as resident agent and agree to serve as the resident agent of Marti's MasterWorks, Inc. I hereby state that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.



Barbara Walls Martin – Resident Agent