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TRANSMITTAL LETTER

FILED

00 OCT -4 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: STARVING ARTISTS' MUSEUM INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003414083--7
-10/04/00--01077--013
*****87.50 *****87.50

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: DONNA SLATER
Name (Printed or typed)

433 HAVERLAKE CIRCLE
Address

APOPKA FLORIDA 32712
City, State & Zip

407-880-6682
Daytime Telephone number

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

D. BROWN OCT - 6 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

STARVING ARTISTS' MUSEUM, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

433 HAVERLAKE CIRCLE
APOPKA FLORIDA 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT - RETAIL

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

DONNA SLATER
433 HAVERLAKE CIRCLE
APOPKA FLORIDA 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA SLATER
433 HAVERLAKE CIRCLE
APOPKA FLORIDA 32712

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 agree to act in this capacity

Donna Slater

Signature/Registered Agent

DONNA SLATER

10/01/00

Date

Donna Slater

Signature/Incorporator

DONNA SLATER

10/01/00

Date

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