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FILED

TRANSMITTAL LETTER

01 FEB -7 PM 1:45

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900002656379--0  
-02/07/01--01084--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Art Merchants, 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: Sharon Neeld  
Name (Printed or typed)

P.O. Box 588  
Address

Islamorada, Florida 33036  
City, State & Zip

(305) 664-2381

Daytime Telephone number

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

CB 2-8

## 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: Art Merchants, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailling address is: 81599 Old Hwy  
Islamorada, Florida 33036

The mailing address is: P.O. Box 588  
Islamorada, Florida 33036

### ARTICLE III      PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under the Florida statutes, including but not limited to the authority to own, lease, sell, convey, market, develop, manage and otherwise deal in a retail business.

### ARTICLE IV      SHARES

The number of shares of stock is: one thousand shares (1,000) all of one class, at 1.00 par value.

### ARTICLE V      INITIAL OFFICERS/DIRECTORS

President/Vice President: Sharon Douglas  
P.O. Box 1274  
Tavernier, Florida 33070

Secretary/Treasurer: Eric Keith Hennigan  
P.O. Box 632  
117 Long Key Lake Drive  
Long Key, Florida 33001

### ARTICLE VI      REGISTERED AGENT

The name and Florida street address registered agent are:  
Sharon Neeld  
117 Long Key Lake Drive  
Layton, Florida 33001

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon Neeld  
P.O. Box 632  
Long Key, Florida 33001

\*\*\*\*\*

*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.*

Sharon Neeld  
Signature/Registered Agent

1-31-01 Date

Sharon Neeld  
Signature/Incorporator

1-31-01 Date