## 02000034303

Transmittal Letter

02 FEB 25 PM 3: 13

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

SUBJECT:

(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

\$122.50

**\$131.25** 

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Daniel

Name (Printed of typed)

Mallee

Hort Charlotte

City, State & Zip

Daytime Telephone number

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

GAVE

HORIZATION BY PHONE TO

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	Articles of Incorporation
1.	Professional Association The name of the corporation shall be:i_si telesign Studio,
2.	The purpose for which this corporation is organized is Web 514 designs.
3.	The principal place of business and mailing address of the corporation is:  4237 Mailee Street, Port Charlotk, Florida 33948
5.	The corporation shall have the authority to issue
Istered	d street address is 8564 Agress Avenue, North Port, Florida 34287,
6.	The initial Board of Directors shall have $2$ member(s) whose name(s) and
addres	ss(es) is/are as follows:
H	ank Henry 8564 Agress Ave., North Port, Florich 34287 mielle Dreher 4237 Mailee St., Port Charlote, Florida 33948
_Da	unielle Dreher 4237 Mallee St., Port Charlotle, Florida 33948
corpo	The number of directors may be raised or lowered by amendment of the bylaws of the ration but shall in no case be less than one.  The incorporator of this corporation is whose street as is 8564 Agress Avenue, Nath Part, Flanda 34287
	Dated 8/7/0 ( Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 8/7/0/

Registered Agent