DOOD OOF 1->

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

800007589638--5 -09/09/02--01024--002 *****87.50 *****87.50

SUBJECT: Anointed Art Designs By TET Tackson, INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$\$87.50 Filing Fee, Certified Co & Certificate Status OPY REQUIRE	e of
FROM:	TORI & THOMAS	Jackson (Printed or typed)		
-	640 SE 10THS	Address		VISION OF R
-	Williston FL & City,	37694 State & Zip		18 PM 12: 46
-	352-528-248° Daytime T	7 /352 - 528 - 3 Telephone number	855b	o ons
	•			, <i>,</i>

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

FEMILEH SEP 18 2002



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 11, 2002

TORI & THOMAS JACKSON 640 SE 10 ST WILLISTON, FL 32696

SUBJECT: ANOINTED ART DESIGNS BY T & T JACKSON, INC.

Ref. Number: W02000026366

We have received your document for ANOINTED ART DESIGNS BY T & T JACKSON, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist New Filing Section

Letter Number: 602A00052080

ARFICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	,
Anointed Art Designs By TET Jackson, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 640 SE 10 TH ST Williston, FC 37694	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Printing / Graphic Design	
ARTICLE IV SHARES The number of shares of stock is:	
	_ =
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	OZ SEP
The name(s), address(es) and title(s):	CP SE
TORIS, Jackson 640 SE 10THST Williston, FC 32674	18 CC
THOMAS E. Jackson, SR. 640 SE10TH ST Williston, FR 32696	OF STATE NO PH 12: 46
ARTICLE VI REGISTERED AGENT	ن ت
The name and Florida street address of the registered agent is:	
TORI S. Jackson 640 SE 10TH ST Williston, FC 32694	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
TORI S. Jackson 640 SE 10THST Williston, FL 32694	
VUI III = 101// 1 = 0	******
Having been named as registered agent to accept service of process for the above stated corporation at the place	e designated in thi
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	-
Linki L. Har KMA 1	
Signature/Registered Agent Date 9/6/02	
10000, 3 peller 9/6/02	<u></u>
Signature/Incorporator Date	