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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only/Oute/2/p/r-Horie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
AMASSEF, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: <u></u>	VERYONE'S AM	ARTIST	IN C
	(1101022200110121	TE TOTAL	<u> </u>
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	LOUISE M SHE	ELEN (Printed or typed)	
	1290 GULF B	LVD UNIT 20 Address	<i>7</i>
	CLEARWATER City,	FL 3376	7
	727.517.105 Daytime T	3 elephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME  The name of the corporation shall be: EVERYONE'S AN ARTIST IN C
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  5056 EAST BAY DRIVE  CLEAR WATER, FL 33764
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  RETAIL  RETAIL  RETAIL
ARTICLE IV SHARES The number of shares of stock is: /00  ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
5056 EAST BAY DRIVE CLEARWATER, FL 33764
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
LOUISE SHEELEN
SD 56 EAST BRY DRIVE CLETT RWATER, FL 3376U The name and address of the Incorporator is:
LOUISE SHEELEN 5056 EAST BAY DRIVE
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

Signature/Registered Agent

Laure M. Sheelan
Signature/Incorporator