# P0400008703

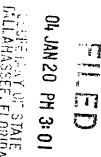
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
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|   |  |  |  |

Office Use Only



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1)1/20/04--01028--002 \*\*78.75



Flagley

### TRANSMITTAL LETTER

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

| SUBJECT: A           | telier Lizio Naples, In<br>(PROPOSED CORPORA | c.<br>Atename – <u>Mustinc</u> l                   | UDESUREX)   |
|----------------------|--|--|---|
|                      |  |  |   |
| Enclosed are an orig | ginal and one (1) copy of the art            | ticles of incorporation and                        | l 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:                | Accounting & Cleric<br>Name                  | al by Reeves & Asso<br>e (Printed or typed)        | ociates, Inc.   |
|                      | 501 Goodlette Road,                          | Suite B204<br>Address                              | ·····   |
|                      | Naples, Florida 34<br>City                   | 102<br>v, State & Zip                              | <u></u>   |
|                      | 239/434-7757<br>Daytime                      | Telephone number                                   |   |

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

#### 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:

ATELIER LIZIO NAPLES, INC.

## FILED

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JECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1895 Seward Avenue, Suite #1, Naples, Fl 34109

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Artwork Sales/ Art Classes

#### ARTICLE IV SHARES

The number of shares of stock is:

100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jo-Ann Lizio O'Brien 878 Meadowland Drive Naples, Florida 34108

#### ARTICLE VI REGISTERED AGENT

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

Wanda L. Reeves c/o Accounting & Clerical by Reeves & Associates, Inc. 501 Goodlette Road, Suite B204 Naples, Florida 34102

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Accounting & Clerical by Reeves & Associates, Inc. 501 Goodlette Road, Suite B204 Naples, Florida 34102

| *************************************  | ********** |  |  |  |
|--|------------|--|--|--|
| 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 |            |  |  |  |
| Uhuda 1 Cleux  | 1/1/04     |  |  |  |
| Signature/Registered Agent   | Date       |  |  |  |
| abuda l. Cens  | 1/1/04     |  |  |  |
| Signature/Incorporator   | Date       |  |  |  |