P04000152544

(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:
·

Office Use Only



400041770324

10/28/04--01005--010 **78.75

FILED

04 NOV -8 PH 12: 58

SECTETARY OF STATE
AND ASSEE, FLORIDA

is 18

TRANSMITTAL LETTER

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

SUBJECT: ARTIST	COMMUNICATION, INC				
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUREX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	_	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM: LUI	S REYES			T. 7 . 1	
	Name	(Printed or typed)			Y Use .
•	6844 LONGMEADE LN			SE SE	8- hr
•		Address		SEE. F	
<u>.</u>	ORLANDO FLORIDA 32822 City,	State & Zip		OF STATE E. FLORIDA	PH 12: 58
<u>.</u>	(321) 354-5296		·	Þ	
	Daytime 1	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:

ARTIST COMMUNICATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6844 Longmeade Ln Orlando, Fl. 32822

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage in or transat and all lawful activities of business permitted under the laws of the United States. The State of Florida, or any state, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 50.000

INITIAL OFFICERS AND/OR DIRECTORS

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

Ganimedes Segura.....52%.....President

5919 Mausser Dr Orlando, Fi 32822

Eulogio Rodriguez...24%....Vice-president 5407 Satel Dr. Orlando, Fl 32810

Luis Reyes....24%...Secretary

6844 Longmeade Ln Orlando, Fl. 32822

ARTICLE VI	REGISTERED	AGENT
AKIICLE VI	KOUISIEKED	AUDIT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ganimedes Segura.....President 5919 Mausser Dr. Orlando FI 32822

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Ganimedes Segura.....President 5919 Mausse Dr. Orlando FI. 32822

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

Signature/Incorporator