PO400015678

(F	Requestor's Name)	
4)	(ddress)	
(A	(ddress)	<u> </u>
. (C	city/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name))
(0)	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer.	
	Office Lise Only	



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11/08/04--01028--005 **210.00

TRANSMITTAL LETTER

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

SUBJECT: FUNN	/ BONES, INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDESUHELX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
☑ \$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	FUNNY BONES, INC Name (Printed or typed)		
	Nam	e (Frinted or typed)	
	600 04K 4VE		
	600 OAK AVE	Address	
		1 Marab	
	0.115000 57.00574		
	SANFORD, FL 32771	y, State & Zip	
	Chy	y, Diate of Esp	
	407-323-0633		
		Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 9, 2004

LACY LOAR 600 OAK AVE. SANFORD, FL 32771

SUBJECT: FUNNY BONES, INC. Ref. Number: W04000041219

We have received your document for FUNNY BONES, INC.. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please complete Article(s) VI.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 004A00064151

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:

FUNNY BONES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

600 OAK AVE - SANFORD, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

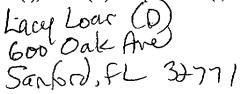
RETAIL CARTOON CEL ART COLLECTIONS

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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



ARTICLE VI REGISTERED AGENT

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

LACYLOAR 600 Oak Auc Sanford. FL 32771

ARTICLE VII INCORPORATOR

LACY LOAR 600 OAK AVE SANFORD, FL 32771

The <u>name and address</u> of the Incorporator is:

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 agreent the appointment as registered	d agent and agree to act in this capacity
\mathcal{L}_{α}	
· Jako	11/1/2004
1/P1 / /	

	11/1/2004	
Signature/Registered/Agent	Date	
Jan C	11/1/2004	
Signature Incorporator	Date	