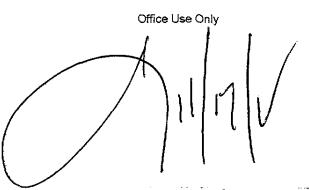
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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THE SECRETARY OF STATE ORIUM SECRETARY OF STATE ORIUM SECRETARY OF STATE ORIUM SECRETARIUM SECRETARIUM

TRANSMITTAL LETTER

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

SUBJECT: SHERA	A CEL ART, INC			
•	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Englaced ore on orig	ginal and one (1) copy of the art	icles of incornoration and	a check for	
Eliciosed are all orig	ginal and one (1) copy of the an	icies of incorporation and	a check for.	
2 \$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
. mmg . 00	& Certificate of Status	& Certified Copy	Certified Copy	
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			Status	
		ADDITIONAL COPY REQUIRED		
PP 01 (SHEDA CEL ART INC			
FROM:	SHERA CEL ART, INC Name (Printed or typed)			
	2.000	o (a addice of typod)		
	000 0 41/ 41/5			
	600 OAK AVE Address			
		Address		
	SANFORD, FL 32771			
	City	, State & Zip		
	407-323-0633			
	Daytime	Telephone number		

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



November 9, 2004

LACY LOAR 600 OAK AVE. SANFORD, FL 32771

SUBJECT: SHERA CEL ART, INC. Ref. Number: W04000041217

We have received your document for SHERA CEL ART, 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: 604A00064149

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: SHERA CEL ART, 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): REGISTERED AGENT The name and Florida street address (P.O, Box NOT acceptable) of the registered agent is: 600 Dale Ave LACY LOAR Sanford, FL 32771 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: LACY LOAR 600 OAK AVE SANFORD, FL 32771 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 filmiliar/with and accept the appointment as registered agent and agree to act in this capacity 11/1/2004

Date

Date

11/1/2004

Signature/Registered Agent

Signature/Incorporator