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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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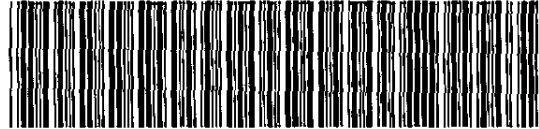
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers AUG 16 2005

TRANSMITTAL LETTER

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

SUBJECT: Faux Artistry and Design, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Dellor Catherine Hanson
Name (Printed or typed)
1738 S.E. Bay Cedar Circle
Address
Hobe Sound, FLORIDA 33455
City, State & Zip
772-223-9656
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:

Faux Artistry and Design, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7738 S.E. Bay Cedar Circle
Hobe Sound, Florida 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Art Sales

ARTICLE IV SHARES

The number of shares of stock is: 500 (five hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

1. Dellar C. Hanson (President)
7738 S.E. Bay Cedar Circle
Hobe Sound, Florida 33455
2. Chip Grant (Director)
7738 S.E. Bay Cedar Circle, Hobe Sound, FL 33455

ARTICLE VI REGISTERED AGENT

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

Chip Grant
7738 S.E. Bay Cedar Cir
Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chip Grant
7738 S.E. Bay Cedar Circle
Hobe Sound, FL 33455

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

Chip Grant
Signature/Registered Agent

8/9/05
Date

Chip Grant
Signature/Incorporator

8/9/05
Date