

06000 133775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 OCT 23 AM 9:07

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/23
SA

COVER LETTER

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

SUBJECT: Artworx Plus, 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: Carol Christopherson
Name (Printed or typed)

4149 Davie Court
Address

Jacksonville, FL 32210
City, State & Zip

800-549-2600
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: Artworx Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4149 Davie Court
Jacksonville, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carol A. Christopherson President 4149 Davie Ct.
Jacksonville, FL 32210

Ann L. McDonald - Vice President 4275 Sharbeth Dr. E.
Jacksonville, FL 32210

ARTICLE VI REGISTERED AGENT

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

Carol A. Christopherson 4149 Davie Ct. Jacksonville, FL
32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carol A. Christopherson 4149 Davie Ct Jacksonville,
FL 32210

I, the undersigned, being a resident qualified person, do hereby certify that I am a resident of Florida, have been named and accepted 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

Date

Date

FILED
06 OCT 23 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 Oct 06

23 Oct 06