

Division of C ns e 1 of 1  
**P07000003880**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ARTEX DESIGN, INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ARTEX DESIGN, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

600 PARK VIEW DRIVE SUITE 516, HALLANDALE BEACH, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFULL BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA AND/OR THE UNITED STATES OF AMERICA

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHRS OF \$10.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

NICOLE LIPPUNER, PRESIDENT 600 PARK VIEW DRIVE SUITE 516, HALLANDALE BEACH, FL 33009

**ARTICLE VI REGISTERED AGENT**

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

NICOLE LIPPUNER, 600 PARK VIEW DRIVE SUITE 516, HALLANDALE BEACH, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

NICOLE LIPPUNER, 600 PARK VIEW DRIVE SUITE 516, HALLANDALE BEACH, FL 33009

\*\*\*\*\*  
*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*

Nippuner  
Signature/Registered Agent

01.05.07  
Date

Nippuner  
Signature/Incorporator

01.05.07  
Date