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## **COVER LETTER**

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

SUBJECT:	JOHNSON ART (PROPOSED CORPORA	- CORp.	
	(PROPOSED CORPORA	TE NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
F \$70.00	\$78.75	☐ \$78.7 <i>5</i>	S87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
= 11218 11 01	& Certificate of Status	& Certified Copy	Certified Copy
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		ADDITIONAL CO	PY REQUIRED
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	Name	(I'rinted or typed)	
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	ST ALGUE	COLLET DI	22m24
	ST- AUGUSTINE, F1, 32084 Sity, State & Zip		
	-43,		
	(90U)	806-2155	•
	Daytime 1	elephone number	· · _ · _ · _ · _ · _ · _ · · · · ·

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

ARTICLES OF INCORPORA In compliance with Chapter 607 and/o	
ARTICLE I NAME  The name of the corporation shall be:	JOHNSON ART COORP.

ECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 87 RUBERIA ST.

ST. Augustine, Fl. 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL AN LACUFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Paul E. JOHNSON

PRESIDENT, TORISORDE, SECRETARY ; DIRECTOR

ARTICLE VI REGISTERED AGENT

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

ST-AUGUSTINE, Fl. 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAUL É. JOHNSON 85 RISERÍA ST.

97. Augustine, F1. 32087

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

Signature/Registered Agent

Date

1/27/07

Signature/Recorporator

Date