P08000061004

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



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06/23/08--01046--012 **78.75

ZEGETARY OF STATE FALLAHASSEE, FLORIDA

T. Burch JUN 24 2009;

COVER LETTER

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

SUBJECT:	Artistric I	-NC.	
Enclosed are an orig	ginal and one (1) copy of the arti		ì
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	PULL INTEM 5861 DENIS	(Printed or typed) ON De . Address	····
	VENICE, FUNCTION (941) 223-	2104 3429 , State & Zip	3

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:

Artistric, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5861 (JENISON DR. VENICE, FL. 34293 <u>ARTICLE III ' PURPOSE</u>

The purpose for which the corporation is organized is:

TO SEU ARTWORK

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RICK INTEMANN., PRESIDENT. 5861 DENISON DR.

VENICE, FL. 34293

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NQT acceptable) of the registered agent is:

FICE INTERNANN 5861 DENISON DE

VENICE, FL. 34293

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PILE INTEMANN 5861 DENISON DR VENIEE EL 34293

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
Signature/Incorporator

6/20/08 Date 6/20/08 Date

SECRETARY OF STAFF