

P09000095589

(Requestor's Name)

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☐ PICK-UP

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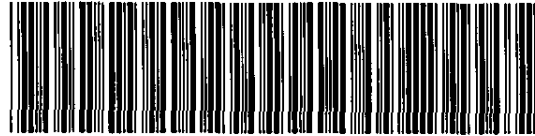
(Business Entity Name)

(Document Number)

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09 NOV 18 PM 3:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2009 NOV 23 A 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-51099

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Artisan Woodcrafters Inc.

Signature

Requested by:

Seth 11/20 11:00

Name

Date

Time

Walk-In

Will Pick Up

- ☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
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☐ Courier

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2009

CAPITAL CONNECTION, INC.

SUBJECT: ARTISAN WOODWORK, INC.
Ref. Number: W09000051099

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 NOV 23 AM 11:35
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for ARTISAN WOODWORK, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 709A00036014

FILED

**ARTICLES OF INCORPORATION
OF
ARTISAN WOODCRAFTERS, INC.**

2009 NOV 23 A 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE I - CORPORATE NAME

**THE NAME OF THE CORPORATE IS: ARTISAN WOODCRAFTERS, INC.
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 4739 ROYAL AVE, JACKSONVILLE, FL 32205**

ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III -PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS AS ARTISAN WOODCRAFTERS INC PERMITTED UNDER THE LAWS OF THE UNITED
STATES AND THE STATE OF FLORIDA.**

ARTICLE IV- CAPITAL STOCK

**THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES
(500) OF (one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL
BE DESIGNATED "COMMON STOCK"**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:
NAME: IAN ZACHARY SAVOY

PRINCIPLE AND MAILING ADDRESS: 4739 ROYAL AVE.

CITY: JACKSONVILLE, FLORIDA ZIP: 32205

ARTICLE VI- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE THREE (3)
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).
THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(s) OF THE
CORPORATION ARE AS FOLLOWS:

NAME: IAN ZACHARY SAVOY

NAME:

PRINCIPLE AND MAILING ADDRESS: 4739 ROYAL AVE.

CITY: JACKSONVILLE, FLORIDA ZIP 32205

NAME: DAVID C. LEE

NAME: JAMIN W. LEE

PRINCIPLE AND MAILING ADDRESS: 5421 BRISTOL BAY LN. N.

CITY: JACKSONVILLE FLORIDA ZIP 32244

ARTICLE VII - INCORPORATORS

THE NAME AND ADDRESSES OF THE PERSON(s) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:

NAME: IAN ZACHARY SAVOY (WILL HOLD 80 PERCENT STOCK)

PRINCIPLE AND MAILING ADDRESS: 4739 ROYAL AVE.

CITY: JACKSONVILLE FLORIDA ZIP 32205

NAME: DAVID C. LEE (WILL HOLD 10 PERCENT STOCK)

NAME: JAMIN W. LEE (WILL HOLD 10 PERCENT STOC K)

PRINCIPLE AND MAILING ADDRESS: 5421 BRISTOL BAY LN. N.

CITY: JACKSONVILLE FLORIDA ZIP 32244

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING
SUBMITTED:**

**THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

**AT: 4739 ROYAL AVE.
JACKSONVILLE, FL. 32205**

HAS NAMED: IAN ZACHARY SAVOY

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
A REGISTERED AGENT.**

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TALLAHASSEE, FLORIDA


IAN ZACHARY SAVOY

(Registered agent)

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE
ARTICLES OF INCORPORATION THIS 07th DAY OF NOVEMBER, 2009

X [Signature] (SIGN)
X DAVID (SIGN)
X [Signature] (SIGN)
____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DUVAL

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

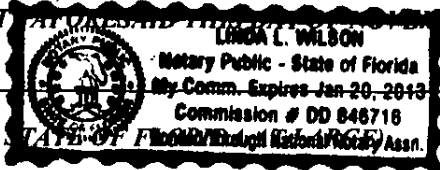
NAME: IAN ZACHARY SAVOY

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT
(HE) OR (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY OF FLORIDA, THIS 07th DAY OF NOVEMBER 07th 2009

(NOTARY SEAL)

(NOTARY PUBLIC, STATE OF FLORIDA)



LINDA L. WILSON
MY COMMISSION # DD 846716
MY COMMISSION EXPIRES: JANUARY 20, 2013

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2009 NOV 23 A 10 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA