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(Requestor's Name)	-
(Address)	_
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(City/State/Zin/Disease #5	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Eddiness Entry Name)	
(Document Number)	-
<u> </u>	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	1
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Office Use Only	•
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COVER LETTER

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

SUBJECT: BC Artisan Multi Medic 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	□ \$78.75./ Filing Fee	\$87.50 Filing Fee,	
rining rec	& Certificate of Status	& Certified Copy	Certified Copy	

Status
ADDITIONAL COPY REQUIRED

FROM:	Cha	rles H.	Powell	*
	·	<u> </u>	Name (Printe	d or typed)
	3309	Ehrlich	Rd.	
		ş	Address	
	TAMPE	7 FL.	33618	4 .
	813	- 833-	City, State &	Zip
			Daytime Telephon	e number
	bcarr		mail . com	\$
		E-mail addres	s: (to be used for fut	ture annual report notification)

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

COVER LETTER

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

SUBJECT: B	C Artisan Mul	ti Media, I	inc.
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les 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 CO	PY REQUIRED
FROM:	Charles H.	Powell	
	Name	(Printed or typed)	
	3309 Ehrlig	on Rol	
	Tampa, F-L	33618 State & Zip	
	813-833-9 Daytime Te	455 lephone number	
	Deartisan eg E-mail address: (to be use)	mail, com for future annual report no	otification)

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		. 4.4.	
The name of the corporation shall be:			
BC Artisan Multi Media, Inc	SEON:	130 GET	
ARTICLE II PRINCIPAL OFFICE	SE	<u>~</u>	<u> </u>
The principal street address and mailing address, if different is: 3309 Envilon Rd	SEE, PL	25 PH	LED
Tampa, FL 33618	I ATE	?	
ARTICLE III PURPOSE	S L	64	
The purpose for which the corporation is organized is: New Dusiness that requires the Wenefits ar Protection of being incorporated	nd		
ARTICLE IV SHARES The number of shares of stock is:			
25,000.00			•
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
List name(s), address(es) and specific title(s): Charles H. Powell, President			
Paulette E. Marsh, Vice president			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is	:		
Charles H. Powell 3309 Ehrlich Rd			
Tampa, FL 33618			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Charles H. Powell 3309 Ehrlich Rd			
Tampa, FL 33618	*****	****	****
Having been named as registered agent to accept service of process for the above stated place designated in this certificate, I am familiar with and accept the appointment as re	_		

agree to act in this capacity

| 16 - 1/ 16/0 |
| Signature/Registered Agent | Date |
| O - 1/ - 20/0 |
| Signature/Incorporator | Date |