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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Ceriffied Cop	es Certificates of Status
Special lines	ructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: Images of Tallahassee Gallery and Custom Framing Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
· ·	(Printed or typed)
Monticello, Fla 32344	Address State & Zip
(850)544-5596 Daytime To	elephone number
dabfsu@gmail.com E-mail address: (to be used	I for future annual report notification)

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)

<u>ARTICLE II</u>	PRINCIPAL OFFICE		
	Principal <u>street</u> address 227 E 6th Ave	Mailing ad	dress, if different is:
	Tallahassee, Fla 32303		
	Landing Manager		
	PURPOSE		≥ co
	which the corporation is organized is:		
	lawful business		
			S N
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	4		ES R
ARTICLE IV			2≥ 3
The number of sl	hares of stock is: 1		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ctors	-
	Title: Derril B. Beech D		
Address:	620 Clinton Rd.	Address:	
	Monticello, Fla 32344		
Name and	Title:	Name and Title:	
Address		Address:	
	4-mileto - Primario - Americano - American		
, ≰ Name and	Title:	Name and Title	
Address:	Tibo.		
24.4			
APTICI P III	REGISTERED AGENT		
	Torida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Derril B. Beech		
Address:	620 Clinton Rd		
	Monticello, Fla 32344		
A POTOT E TOT	TWO DEAD A TOP		
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:		
Name:	Derril B. Bech		
Address:	620 Clinton Rd		
<i>1</i>	Monticello, Fla 32344		
	med as registered agent to accept service of am familiar with and accept the appointmen		
inis cerujicaie, i	am jamusur wan una accept ine appoinimen	гиз гедыеген идели или идгее w uc	i in inis capacity
Λ	1 B Back		6/21/11
NAME AND ADDRESS OF THE PARTY O	Required Signature/Registered Age	ent	Date
Isubmit this do	cument and affirm that the facts stated her	ein are true. I am aware that the f	false information submitted in
dōcument to the	Department of State constitutes a third degree	e felony as provided for in s.817.15	5, F.S.
M − /	1 1/		0/04/44
MM MM	(), ()a/h Required Signature/Incorporato		6/21/11 Date
	Banisead Kianotisea/Inaaenaeata		