

711000083285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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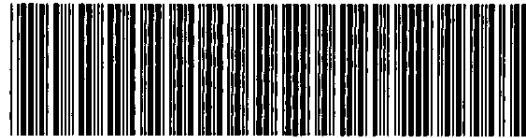
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 21 AM 9:58

J. S. Myers SEP 22 2011

**COVER LETTER**

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

SUBJECT: ARTISAN MILLWORKS 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  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: JACQUELINE TELLER  
Name (Printed or typed)

9317 HUNTERS PARK WAY  
Address

TAMPA, FL 33647  
City, State & Zip

813-293-2218  
Daytime Telephone number

JCQLNTELLER@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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**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: ARTISAN MILLWORKS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9317 HUNTERS PARK WAY  
TAMPA, FL  
33647

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FINISH CARPENTRY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: JACQUELINE TELLER  
Address: 9317 HUNTERS PARK WAY  
TAMPA, FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JACQUELINE TELLER  
Address: 9317 HUNTERS PARK WAY  
TAMPA, FL 33647

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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

Jacqueline Teller  
Required Signature/Registered Agent

9/2/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacqueline Teller  
Required Signature/Incorporator

9/2/11  
Date