

PI40000008174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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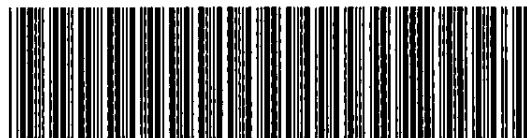
(Business Entity Name)

(Document Number)

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

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14 JAN 21 PM 3:25  
CLERK OF DISTRICT COURT  
ALABAMA

MD 1/28

## COVER LETTER

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

SUBJECT: John Schuyler Art  
(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: John Romaine  
Name (Printed or typed)

1120 Spanish River Road  
Address

Boca Raton FL 33432  
City, State & Zip

561-504-6229  
Daytime Telephone number

art@JohnSchuyler.com  
E-mail address: (to be used 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)

**ARTICLE I    NAME**

The name of the corporation shall be: John Schuyler Art, Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1120 Spanish River Rd  
Boca Raton FL 33432

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Art Sales

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STATE OF FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: John Romaine Name and Title: \_\_\_\_\_

Address 1120 Spanish River Rd Address: \_\_\_\_\_

Boca Raton FL 33432

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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RECEIVED STATE  
DEPARTMENT OF  
CORPORATIONS  
FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: John Romaine

Address: 1120 Spanish River Rd  
Boca Raton FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Romaine

Address: 1120 Spanish River Rd  
Boca Raton FL 33432

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

1/7/14  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

1/7/14  
Date