PIW 000040532

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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PALCIA OF SALLING SOUTH

COVER LETTER

SECRETARY OF STATE OF STATE OF SEVER SE SORPERATIONS

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

SUBJECT: _

Artemis Altor Inc.

Soborer.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	erek Norris Nam	e (Printed or typed)	
149	9 SW Royal Ct.		
		Address	<u></u>
. La	ke City, FL 32024		
	City	, State & Zip	
38	6-623-4632		
	Daytime 1	Telephone number	
dei	ek_norris84@yahoo.com		

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME Artemis Alto	r Inc.	
The name of the o	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addre	ess, if different is:
149 SW Roy	al Ct.		
Lake City, Fl	_ 32024		
ARTICLE III			
	which the corporation is organized is	•	
reaches	ne concept of advanc	ced security operations	
		· · · · · ·	
			
			· · · · · · · · · · · · · · · · · · ·
			ಕ 🔣
	SHARES 1000		F 65
The number of sh	ares of stock is:		
			من المراجعة المناطقة
ARTICLE V	INITIAL OFFICERS AND/OF	R DIRECTORS	
Name a	Derek Norris	Name and Title: N/A	
Name a			and the
Address	<u> </u>	Of Address:	ယ 😅 "
	149 SW Royal Ct.		· «r
	Lake City, FL 32024		
	Lake Oity, 1 L 32024	3	
Name an	d Title: N/A	Name and Title: N/A	
Address		Address:	
N	d Title: N/A	N/A	
Name an	d little:	Name and Title: N/A	
Address		Address:	

Name an	d Title: N/A	Name and Title	N/A
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Fi	orida street address (P.O. Box NOT acceptable Derek Norris	e) of the registered ago	ent is:
Name:			
Address:	149 SW Royal Ct.		200 FT CON
	Lake City, FL 32024		
ARTICLE VII	INCORPORATOR Idress of the Incorporator is: Derek Norris		E PRESENT
Name: Address:	149 SW Royal Ct.	_	
Address.	Lake City, FL 32024		
	ned as registered agent to accept service of proc am familiar with and accept the appointment as		
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein of	are true. I am aware	that the false information submitted in a
accument to the	Department of State constitutes a third degree fe	nony as provided for	04/27/2016
	Required Signature/Incorporator		Date