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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856 Fax Number : (800)354-3381

**Enter the email address for this business entity to be used for fi annual report mailings. Enter only one email address please.

Email Address;_____

C-0. C AHD/OR VIDED FRANCHSING C DIVISION OF CORPORATEINS TALLAND STEELER	2022 OCT 1	
OR VIDED	AM 8: 10	

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FLORIDA PROFIT/NON PROFIT CORPORATION ART BRUSH INC.

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$70.00

T. SCOTT

OCT 1 2 2022



No. 4585 P. 2

ARTICLES OF INCORPORATION

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

name of the corp	ME ART BRUSH INC			
TICLE II PRI	NCIPAL OFFICE Principal street address	Mailing a	address, if different is:	
KINGSLEY ROAL		5020 KINGSLEY RO	DAD	
IORTH PORT, FL 34287		NORTH PORT, FL 34287		
TICLE III PUR	RPOSE ANY A	ND ALLI AWELL BUSIN	FSS	
purpose for which	th the corporation is organized is: ANY A	ALE LATT OF BOOM		
				
				
<u>.</u>				
FICLE IV SHA	ARES of stock is: 200			
TICLE IV SHA	ARES of stock is: 200			
number of shares	ARES of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS			
number of shares	of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS			
number of shares	of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: DONNA CONTE, P	Name and Title:		
number of shares <u>TICLE V INT</u> Name and T	of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: DONNA CONTE, P	Name and Title:		
number of shares <u>TICLE V INT</u> Name and T	of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: DONNA CONTE, P 5020 KINGSLEY ROAD	Name and Title:		
number of shares <u>FICLE V INF</u> Name and T Address	of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: DONNA CONTE, P 5020 KINGSLEY ROAD NORTH PORT, FL 34287	Name and Title: Address:		
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Name an	d Title: Name and	Title:
Address		
		·
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registere	ed agent is:
Name:	DONNA CONTE	·
Address:	5020 KINGSLEY ROAD	
	NORTH PORT, FL 34287	
ADTICI E VAI	INCORPORATOR	
	INCORPORATOR	
	Idress of the Incorporator is: LAWRENCE A. KIRSCH	
Name:	41 STATE STREET, SUITE 700	
Address:	ALBANY, NEW YORK 12207	
	ALBANT, NEW YORK 12207	
ARTICLE VIII	EFFECTIVE DATE:	
(If an effective d	other than the date of filing:ate is listed, the date must be specific and cannot be more the	(OPTIONAL) han five days prior or 90 days after the
filing.)		
	inserted in this block does not meet the applicable statutory filifective date on the Department of State's records.	ing requirements, this date will not be liste
certificate, I am f	ed as registered agent to accept service of process for the above s amiliar with and accept the appointment as registered agent and	stated corporation at the place designated it I agree to act in this capacity
BIDDO	a Conte	10/11/2022
	Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the facts stated herein are true. I am a Department of State constitutes a third degree felony as provided	oware that the false information submitted
aocument to ineit	chen prepri pl parte constitutes a parte affice lethit as ninemen	101 01 3-01/-133, 1-5
document to their	arrive a first	10/11/2022

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