

P96000021085

TRANSMITTAL LETTER

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

800001732518  
-03/05/96--01068--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ARTISAN PRO, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

PATRICIA PRIGAL

Name (printed or typed)

20894 ESCUDO DR.

Address

BOCA RATON, FL 33433

City, State & Zip

407-488-2737

Daytime Telephone number

TALLAHASSEE, FLORIDA

CS MAR -5 PM 2:27

FILED

SN MAR -7 1996

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

FILED

95 MAR -5 PM 2:27

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

ARTISAN PRO, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1801 MAPLELEAF BLVD  
OLDSMAR, FL 34677

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA PRIGAL  
20894 ESCUDO DR.  
BOCA RATON, FL 33433

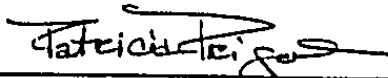
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATRICIA PRIGAL  
20894 ESCUDO DR.  
BOCA RATON, FL 33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20<sup>th</sup> day of FEBRUARY, 1996.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ARTISAN PRO, INC.

2. The name and address of the registered agent and office is:

PATRICIA PRIGAL

(Name)

20894 ESCUDO DR.

(P.O. Box or Mail Drop Box **NOT** acceptable)

BOCA RATON FL 33433

(City/State/Zip)

TALLAHASSEE, FLORIDA

SEP-05 PM 2:27

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Patricia Prigal

(Signature)

2/28/96

(Date)