

P9600008344

TRANSMITTAL LETTER

FILED

96 OCT -7 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

600001965506  
-10/07/96--01041--002  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: ARTISTIC EYE, 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: Jeffrey L. Meldon  
Name (printed or typed)

703 N. Main Street Suite A  
Address

Gainesville, Florida 32601  
City, State & Zip

352-373-8000  
Daytime Telephone number

*PT*  
10/9/96

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

**ARTICLES OF INCORPORATION**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: ARTISTIC EYE, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

5725 N. W. 91st Blvd.  
Gainesville, Florida 32653

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
One Hundred (100)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jeffrey L. Meldon  
703 N. Main Street Suite A  
Gainesville, Florida 32601

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Toby Moldon

5725 N. W. 91st. Blvd.

Gainesville, Florida 32653

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

3 day of October, 19 96.

(An additional article must be added if an effective date is requested.)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ARTISTIC EYE
2. The name and address of the registered agent and office is:

Jeffrey L. Meldon  
(NAME)

702 N. Main Street Suite A  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

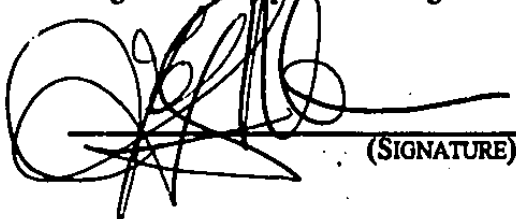
Gainesville Florida 32601  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.*

  
(SIGNATURE)

10/3/96  
(DATE)