O N Requestor's Name 0 Address Ν CITY ZIP Atots Phene CORPORATION(S) NAME **Dire** Toll Free: 1-800-432-302 Prolit) NonProfit () Amendment () Margar) Foreign) Dissolution () Mark) Limited Partnership () Other) Annual Report) Reinstatement) Reservation () Change of Registered Agent? Certified Copy () Photo Copies () Certificate Under See!) Call When Ready () Call If Problem () After 4:30 Elck Up () Will Walt Walk in () Mall Out DEC. = 4.1996; Availability AL Document CERTIFIED GOPY Enaminer Updater Verlfier Acknowledgment

CR2E031 (R8-85)

W.P. Verifier

ARTICLES OF INCORPORATION

FILED

of

96 DEC -4 PH 2: 39

SHIR	Fine	Arts,	Inc					SECRET TALLAHA	ARY OF STATE ASSEE, FLORIDA
					of corpo	ration)			
The undersigned corporation and					oration,	natural per	son(s) con	npetent to con	tract, hereby form a
The name of the	, comoration	ı le:	ARTIC	CLE I •	CORPO	RATE NAN	1E		
	•	٠							
SHIR	TINC. /	1/15 1/1	<u>c.</u>						
			Al	RTICLE	E II - DU	'RATION			
This corporation	ı shall exist j	perpetually unl	less dis	solved t	accordin	g to Florida	a law.		
			Ai	RTICLL	E III - PC	JRPOSE			
The corporation United States an			se of en	gaging	in any a	ctivities or	business p	ermitted unde	r the laws of the
			ARTI	CLE IV	/- CAPIT	AL STOCI	ĸ		
The corporation Dollar(s) (\$	is authorize , DO	d to issue <u>ØN</u> _) par value C	IE Mil Commor	LION Stock	, which s	shares (1, e	o, ooo) of signated "C	ONE D	ollar
		ARTICLE V	- INITI	AL REC	GISTERE	D OFFIC	E AND AG	ENT	
The street addres	ss of the Init	ial Registered	Agent c	office at	nd the na	me of the	Initial Regi	istered Agent	at that office is:
NAME SH.	ALOM	6x1	BER1	<u>, </u>					
ADDRESS 9	TT 7	ISCAM.	ORA	DA	7.	ERRA	CE		
CITY BOCA	RAT					FLORIDA			ZIP 33496
The principal of	fice, if know	n, or the mailir	ng addn	ess of th	he corpo	ration is:			
NAME &				5	hir	Fine	ar	ts, In	٥, ٢
ADDRESS 2	T5 7	ISLAMIR.	ADA	TE.	RRACI	<u> </u>			
CITY BOCA	RATON	/			1	LORIDA		·	ZIP 33496

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have		of directors may be either The names and addresses
CHA. 21 4 C 21 22 24	<u> </u>	
NAME SHALOM GOLDBERG		
ADDRESS 9557 /SCAMBIRADA		734/9/
CITY BOCA RATUN	STATE FL	ZIP 2 24746
NAME	1911	
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME SHALOM GOLDBERGE ADDRESS SITT I SCA MORE CITY BOCA RATION	** ADA TERLACE_ STATE FL	ZIP 33496
NAME		
ADDRESS		
спу	STATE	ZIP
NAME	·	
ADDRESS		
стт	STATE	ZiP
IN WITNESS WHEREOF, the undersigned subsiday of DECEMBER 1996.	periber(s) have executed these Articles of Incorp	poration this 2 ncl (Seal) (Seal)
		(Scal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

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CERTIFICATE OF REGISTERED AGENT
OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SHIR	Fine	Arts,	Inc		
			(name	of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

atQ	<u>557 :</u>	Islamorad	~ ····· Ie	rraice.
BOCA	Rate	N FL	33494	
has named		SHAZOM	GOLDBERG	5
		ss, as its Registered Ap	gent to accept service	of process within
this state.				

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)