# P970000A1135

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

SUBJECT:	ARTISTIC MEMORIES, INC	
	roposed corporate name - must include s	uffix)
		7000021098978 -03/11/9701069002 ****122.50 ****122.50
for:	and one (1) copy of the articles of  \$78.75  X \$122.50	\$131.25
Filing Fee	Filing Fee Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
FROM:	ARTISTIC MEMORIES, INC Name (printed or typed)	. (**)
	1411 LAKE VICTORIA DRIN	VE VE
	LAKE WORTH, FL 33461	<i>i</i> n
	City, State & Zip	•
	(561) 586-6755	
	Daytime Telephone number	

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





OF

ARTISTIC	MEMORIES,	INC.
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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:

ARTISTIC MEMORIES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1411 LAKE VICTORIA DRIVE

LAKE WORTH, FL 33461

### ARTICLE III SHARES

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

ONE THOUSAND AND 00/100 (1000) SHARES

COMMON STOCK

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

M. LYNNE PITTARD

1411 LAKE VICTORIA DRIVE

LAKE WORTH, FLORIDA 33461

# ARTICLE V INCORPORATOR(S)

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

LYNNE PITTARD

1411 LAKE VICTORIA DRIVE

LAKE WORTH, FLORIDA 33461

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

day of Johnson 19 97.

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: ARTISTIC MEMORIES, INC.	· · · · · · · · · · · · · · · · · · ·
2. The name and address of the registered agent and office is:	
M. LYNNE PITTARD	97 18
(Name)	97 H.R
1411 LAKE VICTORIA DRIVE	= 52F
(P.O. Box not acceptable)	THE SERVICE SE
LAKE WORTH, FLORIDA 33461	EF STATE IS EFFORATIONS
(City/State/Zip)	

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)