TRANSMITTAL LETTER

P970000 37521

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

SUBJECT:

Artisan Fabrics, Iuc.

(Proposed corporate name - must include suffix)

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200002155232---6 -04/25/97--01070--014 ******78.75 *****78.75

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

	\$70 .0	0
Fili	ino Fe	e

\$78.75
Filing Fee
& Certificate

□\$ 122.50		
Filing Fee		

□ \$131.25 Filing Fee,

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	William L. Likas
	Name (Printed or typed)
	3191 N. Federal Hwy
_	Address
	Boca Paton FL 33431
•	City, State & Zip
	561- 392-8464
_	Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE	I	NAME
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The name of the corporation shall be:

Artisan Fabrics, INC.

ARTICLE II PRINCIPAL OFFICE

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

3191 N. Fecleral Hwy

Boca Raton, FL 33431

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

William L. Likas 3191 N. Federal Boca Raton, FL 33 43/

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

William L. Enbrics
Artisan Fabrics
3191 N. Federal Hwy
Detail FL 33431 William L. Likus

Signature/Incomporator

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

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 afent

Signature/Registerfd