

PO0000031888

TRANSMITTAL LETTER

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

500003182885--3
-03/24/00-01053-012
*****87.50 *****87.50

SUBJECT: Cochran Communications 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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Rose Cochran
Name (Printed or typed)

3905 loquat Rd
Address

Sebring FLA 33872
City, State & Zip

941-386-4766
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 24 PM 6:11

FILED

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

00 MAR 24 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Cochran Communications INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3905 loquat Rd
Sebring FLA 33872

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Communications

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Rose Cochran President and Owner
3905 loquat Rd Sebring FLA 33872

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Judy Shumard
3905 loquat Rd Sebring FLA 33872

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Rose Cochran
3905 loquat Rd Sebring FLA 33872

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.

Judy Shumard
Signature/Registered Agent
Rose Mary Cochran
Signature/Incorporator

3/21/00 Date
3/21/00 Date