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SECRETARY OF STATE

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COVER LETTER

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

(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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED KURZ Name (Printed or typed) ARLINGTON 2 DEA FENING @ GMAIL. COM E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: DEAFEARTITING		
ARTICLE II PRINCIPAL OFFICE		
Principal street address 226 Arimston Ave E Old Smar, F1 010	Mailing address, if different is: Arlington Ave Smar, FL 34677	<u></u> 5.
ARTICLE III PURPOSE	_	
The purpose for which the corporation is organized is: To promote D	eaf remarenes	<
The purpose for which the corporation is organized is: To promote D and to bridge the barriers of la the Deaf and the hearing Community forms of media and educational	unquage betw	Jeer
he beat and the hearing commu	mities, using	all
forms of media and educational	1 40015.	_
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elect By a vote of the board using ballots	ted and appointed:	501
Name and Title: Amy-Beth Rucz Come Communder		
Name and Title: Amy-Beth Rucz CEOme Control Address: 286 Artimeton Au-E Address:	·	_
Aldsmar FL		_
134677		_
Name and Title: Ann Michelle Foster CFORCAD TITLE	br .	
Address: 2704 F. Annie St. Address:		_
Tampa, FL		_
33412		-
Name and Title: Macu Peele - ADvancand Title:		
Address:		<u>-</u>
Tana		
ADTICLE III DEGISTEDED AGENT 336/2	5 72	_
ARTICLE VI REGISTERED AGENT	20 20 10	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Name: HMU-BEHD KUCZ		rent. E
Address: 2016 Artmoton AIR.F.		1
Oldsmore FI	SS J	<u>ptier</u>
34677	La Company	n.
ARTICLE VII INCORPORATOR		arnit.
The name and address of the Incorporator is:	,	"ĉ
Name: Ann Michalle Foster	<u> </u>	
Address: 2704 E. Annie St.	, 	
Tampa, FL		
33412		
Having been named as registered agent to accept service of process for the above stated col	rporation at the place designated in thi	is
certificate, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity	
OmerBolh Him	12/2/10	
Required Signature of Registered Agent	143/10 Date	
I submit this document and affirm that the facts stated herein are true. I am aware that any fa	ise information submitted in a documen	11
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	10/-1	
Whichelle Fort	143/10	
Required Signature of Incorporator	Date	