## P0000034829

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

600003193126--8 -04/03/00--01087--001 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

<b>L</b> \$70.00	<b>\$78.75</b>	\$78.75	check for:
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO.	Status PV REQUIRED
	1 // 1		
FROM:	Michelle 5	, Printi	na
	Name (Pr	rinted or typed)	
	All NF	ILI Stra	ZAT Z
	A	Address	et land
	_ AII IVE	Address	

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

## ARTICLES OF INCORPORATION

· · · · · · · · · · · · · · · · · · ·
ARTICLES OF INCORPORATION
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
ARTICLE I NAME The name of the corporation shall be: Michelle 18 Printing, Inc., Printing, Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:    All   H
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:  Nichelle R. Wilkinson 211 NE 14 Street  Ocala Floricla 34470
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:  Michelle R. Wilkinson 21(NE 14 St.  Ocala FL 34470
Signature/Incorporator J-30-00 Date

(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 agent

Signature/Registered Agent