## Florida Department of State

Division of Corporations P.O. Box 6327 Tallahassee, FL 323

P.O. Box 6327			
Tallahassee, FL 32314			
		700003275	
		-06/05/nn	PRI -
Re: Nosey Li	DRARIANS Name of Corporation)	*****78.75 , Inc.	******78.75
-			
Gentlemen:			
Enclosed please find the original and one copy check in the amount of \$78.75	of the Articles of Incorporation	on, together with my	
		TAL SE QQ	
This represents the cost of the Filing Fees, Cer	tified Copy of Articles of Inco	orporation and Fee for	
Registered Agent Designation for the above na	imed corporation.	JUN T	7
,	Very truly yours.	SSEE -5	<del>-</del>
	very trainy yours.		-
		VIS E	<i>.</i> .
		VO OF W	-
	m		
	Mati	da Young	<u>1</u>
	(Indivi	idual's Name) '	,
	Nosen L	ibrarians I	, Inco
	(Name	of Corporation)	<del></del>
	MAILING ADDRESS	OF CORPORATION -	_
	PO BOX	940303	
	11-11	940303 d, FLorida	
	Mollywoo	a) From ad	
	1	~~~	ı

Area Code

- PHONE · (305) 623-0493 T.SMITH JUN 1 2000

## ARTICLES OF INCORPORATION

of
Nosey Librarians I, Inc. (name of corporation)
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
ARTICLE I - CORPORATE NAME
The name of the corporation is:
Nosey Librarians I, Inc.
1
ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE  ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the taws of the United States and the State of Florida.
ARTICLE IV - CAPITAL STOCK
The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE  The street address of the initial principal office and, if different, the mailing address is:
STREET ADDRESS
CITY MEANT FLORIDA ZIP 33056
Mailing address, if different
STREET ADDRESS
0 600
CITY HOLYWOOD FLORIDA ZIP 33084-2303
' ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
The street address of the initial registered office and the name of the initial registered agent at the office is:
NAME Matida Young
ADDRESS 3240 NW 215th Street
CITY MANY FLORIDA ZIP 33056

the

This corporation shall have one therein increased or diminished from time to time by the addresses of the initial director(s) of the corporation are	By-Laws, but shall never be less than one (1). The names and
M 111	ING
ADDRESS P.O. BOX 8403	303
crry Hollywood	STATE Florida ZIP 33084
NAME J	
ADDRESS	
CITY	STATE ZIP
NAME	
ADDRESS	
CITY	STATE ZIP
ARTICLE	VIII - INCORPORATORS
The names and addresses of the incorporators signing t	hese Articles of Incorporation are as follows:
NAME Matida Y	2640204
ADDRESS P.O. BOX	010202
CITY HOllywood	STATE FLORIDA ZIP 33084
NAME	1204.000
ADDRESS	
CITY	STATE ZIP
NAME -	
ADDRESS	
CITY	STATE ZIP
The undersigned incorporator(s) have executed the	ese Articles of Incorporation this MAV
day of	, <del>19</del> 2000
	Maticla Young (Signature)  (Signature)
	(Signature)

ARTICLE VII - INITIAL BOARD OF DIRECTORS

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Nosey LIbrarians I, Inc.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation at 3240 NW 215th Street
MIAMI FLORIDA 33056
has named Matida Young
located at the aforesaid address, as its registered agent to accept service of process within this
state.
SEC TALL
ASSI L
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 Egis-
tered 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.
Maticle yours 05-30-00
(Signature) (Date)