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TRANSMITTE LETTER

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT

INFO HOUSE INC

600003331386---1

-07/21/00--01055--002

*****78.75 *****78.75

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

\$78.75

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

John P Holland
824 N.W. 7th Street
Boca Raton, Florida 33486
Tel. (561) 362-7270

NOTE: Please provide the original and one copy of the Article

PH
7/25/00

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

The name of the Corporation shall be:

INFO HOUSE INC

ARTICLE II PRINCIPAL OFFICE

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

824 N.W. 7th Street, Boca Raton, Florida 33486

ARTICLE III SHARES

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

Twenty Five Thousand (25,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John P Holland

824 N.W. 7th Street, Boca Raton, Florida 33486

ARTICLE V INCORPORATOR

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

John P Holland

824 N.W. 7th Street, Boca Raton, Florida 33486



Signature/Incorporator

July 18, 2000
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 of 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

July 18, 2000
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA