# P01000003971

### CAROLYN R. CHANEY, ESQUIRE

U.S. BANKRUPTCY TRUSTEE

Post Office Box 530248 St. Petersburg, FL 33747-0248 Telephone: (727) 864-9851 Facsimile: (727) 864-3706

January 3, 2001 \_\_

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SECRETARY OF STATE
TALLAHASSEE, FLORID

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

SUBJECT: HERITAGE CHRISTIAN BOOKSTORES, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$87.50 for Filing Fee, Certified Copy and Certificate of Status.

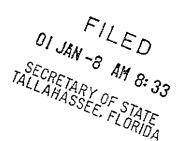
Very truly yours

CAROLYN R / CHANEY

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## ARTICLES OF INCORPORATION

FOR



### HERITAGE CHRISTIAN BOOKSTORES, INC.

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:

HERITAGE CHRISTIAN BOOKSTORES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

5926 - 28<sup>th</sup> Street South St. Petersburg, Florida 33712-4516

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100

shares. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

REGISTERED AGENT

ADDRESS

CAROLYN R. CHANEY, ESQUIRE

5926 - 28th Street South St. Petersburg, FL 33712

### ARTICLE V INCORPORATOR

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

INCORPORATOR

ADDRESS

JOSEPH K. CHANEY

5926 - 28th Street South St. Petersburg, FL 33712-4516

Signature of Incorporator

Joseph K. Chaney

### ACKNOWLEDGEMENT

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 obligation of my position as registered agent.

Signature Registered Agent

)/0/ Date

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SECRETARY OF STATE