CSAMPLE LETTER OF TRANSMITTAL) 3/4

DATE JAN 11 2001

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

e: Books - A - Plus Tuc, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

500003539305--2 -01/16/01--01153--017 *****78.75 *****78.75

Books - A - Plus Tuc (Name of Corporation)

PALMETTO FL 34721

PHONE PHONE PHONE (941) 288-4833

Area Code Number / Ext.

ARTICLES OF 1	NCORPORATION	, ,
. 11	of))	
Books-A-1	Plus . Inc.	
	corporation)	
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:	on under the Florida Business Corp	oration Act, adopt(s)
	PRPORATE NAME	
The name of the corporation is: Books-A	- Plus, Inc	OI JI
		N I 6
ARTICLE II	- DURATION	
This corporation shall exist perpetually unless dissolved a	ecording to Florida law.	D PM 3: 00 FLORIDA
ARTICLE II.	I - PURPOSE	
The corporation is organized for the purpose of engaging i United States and the State of Florida.	n any activities or business permitte	d under the laws of the
ARTICLE IV - C	CAPITAL STOCK	
The corporation is authorized to issue 500 shares of	of common stock, par value \$ _ l • (per share.
ARTICLE V - INITIAL The street address of the initial principal office and, if diffe	PRINCIPAL OFFICE erent, the mailing address is:	
STREET ADDRESS 1707 2Nd AVE EX	5	
	· · · · · · · · · · ·	
CITY PAIMETTO	FLORIDA FIORIDA	ZIP 34221
Mailing address, if different	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
STREET ADDRESS N/A	-	
CITY .	FLORIDA	ZIP
		ZIP
ARTICLE VI - INITIAL REGIST The street address of the initial registered office and the		
The street address of the initial registered office and the NAME NAME NAME NAME NAME NAME NAME NAME	ie name of the initial registered a	gent at the office is:
THEOLO E DIMIN	· - 400	
TIOT SAUG AVE GAST		
CITY (A) MCTO	FLORIDA DO O	ZIP Z/122/

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	directors initially. The nust, but shall never be less than one ws:	mber of directors may be (1). The names and
NAME HAROLD LEROY SMITH ADDRESS 1703 HTH AVE WEST	Vice President	
CITY PAIMENTO	STATE FIORIDA	ZIP 3488/
NAME CHARIZS BERNARD SMIT		2.0
ADDRESS 1701 LOTH PING WEST		
CITY PAlmeria	STATE PURIDA	ZIP 3422/
NAME		
ADDRESS	, plane.	
CITY	STATE	ZIP
ARTICLE VIII - II	NCORPORATORS	
The names and addresses of the incorporators signing these Artic	cles of Incorporation are as follow	vs:
NAME HAROID LEROY SMOTH	2	-4
CITY PALMETTO	STATE HORIDA	ZIP 3472/
NAME CHARITS BERUARD SMITH	_	
ADDRESS 1701 ATTH PLUE WEST	-	
CITY PALMETTO	STATE PLOCION	ZIP 3472/
NAME	-	
ADDRESS	- TZ	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Article	les of Incorporation this 11	ना र े
day of JAN ,	19 200	
X (Harles Smert	(Signature)
<u>/</u>		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Books-A- Plus. Juc."	FILED 01 JAN 16 PM 3: SECRETART OF STALLAHASSEE, FLO
(name of corporation)	RIDA IDA

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 1707 AND AUG BAST PAIMETTO	• - ÷
Florida	. I.F.
has named HAROID LEROY SPRITH	
located at the aforesaid address, as its registered agent to accept service of pro-	ocess within this

state.

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.

\/ \/ \/ \/ \/ \(\) (Date)