OORMANIA S

FILED

Department of State Division of Corporations 01NOV 19 AM 9:50

SECKET OF STATE DΑ

| P. O. Box 6327 Tallahassee, FL 32314 | TALLAHASSEE, FLORIDA | | |
|---|--|--|--|
| SUBJECT: (PROPOSED CORPORAT | E NAME – MUST INCLUDE SUFFIX) | | |
| | 4000046875247 -11/19/0101064008 *****78.75 ******78.75 | | |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | |
| FROM: Kern-Anne OSCAV Name (Printed or typed) | | | |
| 2723 2in Colo 54 | | | |
| HO//ywood F 33020 | | | |
| (954) 927-5737 Daytime Telephone number | | | |

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

| Kerry | Oscar | CAVE |
|----------|----------------------|---------|
| AUTHORIZ | OSCUM ATION BY PH | IONE TO |
| CORRECT | Articles. | I/∏ ←W |
| DATE 11- | 26-01 | |
| DOD EVAN | CB | |

C. BLALOCK NOV 2 6 2001

| ARTICLES OF INCORPORATION | |
|--|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | There is a name of the name |
| ARTICLE I NAME | FILED |
| The name of the corporation shall be: | At MOULE as a co |
| 1 BIAN INC. | 01 NOV 19 AM 9: 50 |
| | SECKLIANT OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE IÍ PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 2723 Lincoln St | · · · · · · · · · |
| Hhyd, F1 33020 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | • |
| publication | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | • · · · · · · · · · · · · · · · · · · · |
| che | |
| | |
| ARTICLÉ V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): | |
| Kerni-Anne Oscar | |
| 2723 Lipcoin St | |
| President / Publisher | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | ··· |
| tentonne oan | |
| 2725 Lincoln St | |
| HIWOD, FI 33020 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| rent esure oxin | |
| Z7725 Lincoln St | |
| H110001 F1 33020 | |
| ******************** | |
| Having been named as registered agent to accept service of process for the above stated corcertificate, I am familiar with and accept the appointment as registered agent and agree to a | ct in this capacity |
| | |
| | 111 1001 |
| Signature/Registered Agent | Date |
| | , (, <u>,</u>) × , |
| | 111 10 101 |
| Signature/Incorporator | Date / |