10200001069 TRANSMITTAL LETTER

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

NOTE:



SUBJECT:	CHARNICK PUBLISHING CORP. (Proposed corporate name - must include suffix)		
Enclosed is an original an	d one(1) copy of the articles o	of incorporation and a che	eck for:
X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY	KEQUIKED
FROM:	MARK COHEN CPA Name (Printed or typed) 1772 EAST TRAFALGAR CIRCLE Address HOLLYWOOD, FL 33020 City, State, & Zip (954) 922-6042 Daytime Telephone number		

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Please provide the original and one copy of the articles

DB 1/4/02

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:

CHARNICK PUBLISHING CORP.

ARTICLE II PRINCIPAL OFFICE

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

11920 N.W. 30TH PLACE SUNRISE, FL 33323

ARTICLE III SHARES

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

Class A Common Stock, par value \$1.00

100

02 JAN -2 AM 9:01

SECRETARY OF STATE
FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NICHOLAS CHARLES 11920 N.W. 30TH PLACE SUNRISE, FL 33323

ARTICLE V INCORPORATOR

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

MARK COHEN CPA 1772 EAST TRAFALGAR CIRLCE HOLLYWOOD, FL 33,020

Signature/Incorporator

(An additional article must be added if an effective date is requested)

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 agreee 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

12-29-01

Date