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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TRANSMITTAL LETTER

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

SUBJECT: Black Pages of Alachua and Marion Counties, Inc.

(PROPOSED CORPORATE NAME-)

Enclosed is an original and one (1) copy of the articles of corporation and a check for SEVENTY EIGHT DOLLARS AND SEVENTY-FIVE CENTS (\$78.75) for Filing Fee, Registered Agent, and Certificate of Status.

FROM: DELPHINE JACKSON
1616 NW 19TH CIRCLE
GAINESVILLE, FL 32605
352-371-6480

By:

Delphine Jackson
DELPHINE JACKSON
1616 NW 19TH CIRCLE
GAINESVILLE, FL 32605

Date

6/28/02

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ARTICLES OF INCORPORATION

ARTICLE I - NAME

The name of the corporation is Black Pages of Alachua and Marion Counties, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is 424 NW 13th Street, Suite B, Gainesville, Florida 32601.

ARTICLE II - SHARES

The number of shares of stock the corporation shall have authority to issue is 100,000 no par.

ARTICLE IV - BOARD OF DIRECTORS

The initial Board of Directors shall have one (1) member whose name and address is as follows: Delphine Jackson, 1616 NW 19th Street, Gainesville, Florida 32605.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

ARTICLE IV - REGISTERED AGENT

The name and Florida registered address of the registered agent is Delphine Jackson, 424 NW 13th Street, Suite B, Gainesville, FL 32601.

ARTICLE V - INCORPORATOR

The name and residence address of the Incorporator is Delphine Jackson, 1616 NW 19th Street, Gainesville, Florida 32605.

Delphine Jackson
Delphine Jackson/Incorporator

6/28/02
Date

Having been named as registered agent 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 am familiar with and accept the obligations of my position as registered agent.

Delphine Jackson
Delphine Jackson/Registered Agent

6/28/02
Date