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Bob Christansen (Requestor's Name)
P.O. 6945 (Address)
(Address)
Destin Florida 32550 (City/State/Zip/Phone #)
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SECRETARY OF STATE DIVISION OF CARPORATIONS

TRANSMITTAL LETTER

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

SUBJECT:		<u> </u>		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00	□ \$78.75	□ \$78.75	3 \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
B	& Certificate of Status	& Certified Copy	Certified Copy	
		, ,	& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
	1 . 11.	/		
FROM: DOB CHRISTIAN SEN				
Name (Printed or typed)				
P.O. BOX 6945				
Address				
Destin, Fla. 32550				
City, Onic & Lip				
Daytime Telephone number				

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

ARTICLE I NAMEThe name of the corporation shall be: Papillon Publications Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: P. O. BOX 6945 Destin, FL. 32550 ARTICLE III PURPOSE The purpose for which the corporation is organized is: publications ARTICLE IV SHARES The number of shares of stock is: /7 <u>ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)</u> The name(s), address(es) and title(s): CEO Linda C. Christiansen ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Linda C. Christiansen Z80 Vinings Way Blud. #5-103 DESTIN, FL. 32541 The name and address of the Incorporator is: Bob Christiansen P.o. Box 6945 Destin Fr. 32550 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

12-17-02

Date

ARTICLES OF INCORPORATION

Signature/Registered Agent

Signature/Incorporator

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)