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TRANSMITTAL LETTER

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

SUBJECT: Riv	er City Press, LLC (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFLX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Whitney McClelland	(Printed or typed)	
	54 Phillips Avenue		
	Ponte Vedra Beach, Florid		
	904/285-0903 Daytime T	elephone number	

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

Whitney Mcclellar bave
AUTHORIZATION BY PHONE TO
CORRECT SUFFIX
DATE 6-18-03
DOC. EXAM

ARTICLES OF INCORPORATION

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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

River City Press, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9880-3 San Jose Blvd. Jacksonville, Florida 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Book Publisher

ARTICLE IV SHARES

The number of shares of stock is: 750,000,000 - Common; 150,000,000 - Preferred

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Whitney McClelland 54 Phillips Avenue Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Whitney McClelland 54 Phillips Avenue Ponte Vedra Beach, FL 32082

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

Signature/Registered Agent

6-11-03

Date

Signature/Incorporator

Date