

PO4000097559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

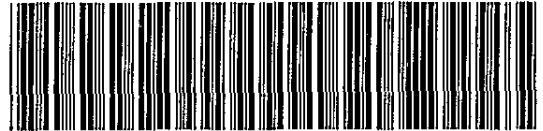
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULY 1 2004

6-25

TRANSMITTAL LETTER

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

SUBJECT: NOZNEWZ COMMUNICATIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RACHEL IBARRA

Name (Printed or typed)

1150 ISLAND ROAD

Address

SINGER ISLAND, FL 33404

City, State & Zip

(561) 840-0510

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NOZNEWZ COMMUNICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
1150 ISLAND ROAD
SINGER ISLAND, FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER
THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:
1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RACHEL IBARRA
1150 ISLAND ROAD
SINGER ISLAND, FL 33404
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RACHEL IBARRA
1150 ISLAND ROAD
SINGER ISLAND, FL 33404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RACHEL IBARRA
1150 ISLAND ROAD
SINGER ISLAND, FL 33404

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

Rachel Ibarra
Signature/Registered Agent

6/23/04
Date

Rachel Ibarra
Signature/Incorporator

6/23/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA