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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Balletine Car
SUBJECT: Astoria Nickerson Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL CO	DPY REQUIRED
FROM: Astoria Nickerson	e (Printed or typed)	
5633 Oakwood Knoll Driv		
Lakeland FL 33811	, State & Zip	····
813-270-9989	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:			
Astoria Nickerson Inc.			
ARTICLE II PRINCIPAL OFFICE	O7 JAN 16 PM 2: 09 TÄLLÄHASSEE. FLORIDA		
The principal place of business/mailing address is:	918		
5633 Dakwood Knoll Drive	Fig R M		
Lakeland, FL 33811	2: FLC		
ARTICLE III PURPOSE	09 PATE		
The purpose for which the corporation is organized is:	D'.		
communications, training consulting			
ARTICLE IV SHARES			
The number of shares of stock is:			
100			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
List name(s), address(es) and specific title(s):			
ARTICLE VI REGISTERED AGENT			
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent	is:		
Astoria Nickerson 5633 Oakwood Knoll Dr.			
Lokeland, FL 33811			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Astroia Nicherson			
Astoria Nickerson 5633 Oakwood Knoll Dr.			
Lokeland, FL 33811			
************************	******		
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			
Mitoria Mulkeyon 1/1	1107		

Signature/Incorporator