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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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PUSHING PENCIL	S PUBLICATIONS, INC.	
· · · · · · · · · · · · · · · · · · ·		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement 25.
		✓ Cert. Copy ASS
		Photo Copy ASS
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
<u></u>		Driving Record
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	<u>ME</u> Pushing Pencils Publication shall be:	ations, Ir	nc.					
ARTICLE II PR								
Principal street address			Mailii	ng address, if diff	erent is:			
	56th Drive SW	_		 				
vero	Beach, FL 32968	_						
ARTICLE III PUI	PROCE			•				
	the corporation is organized is:							
for any lawful pu				37	23			
70. a.r.y .a.r.a. p.a.				<u> </u>	2810 OCT			
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The number of shares o	f stock is: One Thousand (1,000)				II.	ره اور مورس مورس		
400000 V 100	WILL OFFICERS AND OF DEPOSO	00		<u> </u>	• • •	*** • # 1.75		
	<u>ITIAL OFFICERS AND/OR DIRECTOR</u> Michael Bielecki, President		nd Title:	[5]	∴ 0 5			
	220 56th Drive SW							
	Vero Beach, FL 32968							
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Normal and Wide.		Namaa	ad Titla					
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	CICARDON ACRIM							
	GISTERED AGENT street address (P.O. Box NOT acceptable) o	f the registe	ared agent ic:					
Name:	Michael Bielecki		agent is.					
Address:	220 56th Drive SW	_						
	Vero Beach, FL 32968							
4 D D C C C C C C C C C C C C C C C C C	2022024602							
The name and address	CORPORATOR							
Name:	Michael Bielecki							
Address:	220 56th Drive SW	_						
	Vero Beach, FL 32968	_						
Havina have named as	s registered agent to accept service of proces	ee for the a	hove stated e	ornoration at the	o nlaco dosi	on <i>ated</i> in		
this certificate. I am fai	piliar with and accept the appointment as reg	zistered age	ent and agree	to act in this cap	acity	5,,,,,,		
\\ \(\) \(\) \(\)) R. O 1.	,		•				
Vichae	(Dielege			{ ().7. _C)		
	Required Signature/Registered Agent				Date			
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I submit this document	t and affirm that the facts stated herein are	e true. I an	n aware that tod for in c 21	ine jaise injorm 17155 F.C	auon suom	nica in A		
accument to the Depart	tment of State constitutes a third degree felon	iy as provid	ieu jor in 8.61	/1133, Fi3.				
Michael	Biologh:			1	1711)		
1100000	Required Signature/Incorporator		· 		Date			