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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Katie Osgood Photographers Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Katie Osgood Photographers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8140 Winter Street
Brooksville, FL 34613

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Katharine Osgood
8140 Winter Street
Brooksville, FL 34613

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12 APR 17 AM 11:44

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-835-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Katharine Eileen Osgood - President/Director
8140 Winter Street, Brooksville, FL 34613

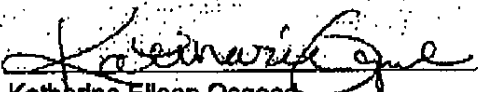
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Katharine Eileen Osgood
8140 Winter Street, Brooksville, FL 34613

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of April 2012


Katharine Eileen Osgood
Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Katie Osgood Photographers Inc.

2. The name and address of the registered agent and office is:

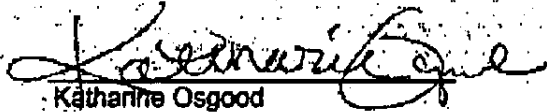
Katharine Osgood
Name

8140 Winter Street
(P.O. Box or Mail Drop Box NOT Acceptable)

Brooksville, FL 34613
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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Katharine Osgood
SIGNATURE

04/12/2012
(Date)

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