## P9500012000 TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, PL 32314
SUBJECT: Incorporation Proposed Corporate Name
Acoan Printing lic
Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.    Enclosed is an original and one copy of the Articles stamped with the filing date.    Enclosed is an original and one copy of the Articles stamped
FROM:
Ken Byine
Name (print or type)
29823 U.S. Hwy 19 North
City, State, Zip
813-789-8709
Area Code and Phone Number (Daytime)

SPC

## ARTICLES OF INCORPORATION Peorn Printing Inc. (Name of Corporation) The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE 1: NAME The name of the corporation shall be: Acorn Prontong Inc. ARTICLE 2: PRINCIPAL PLACE OF BUSINESS The principal place of business of this corporation shall be (give street address and zip code): 24323 US Huy 19 North, Charmater 17434621 ARTICLE 3: SHARES All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: LOOO ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is Ken Byrne 29823 U.S. Phay 19 N. Clearwater FL whose registered office is localed at the place of business stated in Article 2 above. ARTICLE 5: INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: Byrne 29823 U.S Hwy 19 North Clearwriter PL 34621

Articles of Incorporation Filing Fee - \$35.00

The undersigned incorporator has executed these Articles of Incorporation this 20 14,

Ken

Day of 20 JAN 19 95.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Co of Florida submits the following statement in agent, in the State of Florida.  1. The name of the corporation/professions in Communication.	in designating the registered office/regis	stered	
2. The name and address of the registered agent and office is:			
Kron Burne		·	
Full name	!		
Pull name  29823 (2.5 //wy 19  Address (P.O. Box not acceptable)	North Cleuricater 1=6	34621	
City, State, and Zip		<del></del>	
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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY FOSITION AS REGISTERED AGENT.			
	SIGNATURE OF REGISTERED AGEN	<del></del>	
	DATE - 26/95	95 FEB	
	Designation of Registered Agent Filing Fee — \$35.00	95 FEB 10 PH 2: 12	