: P96000101267

TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 \$78.75 \$122.50 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy **Certified Copy** & Certificate 0000002 FROM: Name (Printed or typed) Address City, State & Zip

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

Daytime Telephone number

BC 12/16

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.

The name of the corporation shall be:

PPS OF NEWPORT

ARTICLE II PRINCIPAL OFFICE

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

7968 CoasTol HWY.
Crawfordville Fl. 32327

ARTICLE III SHARES

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

900

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

RT#3 BOX 103-R-8
MONTICELLO FL 32344

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Raymond A. Paul 12745 Box 103- R-8 MONTICE110 F. 32344

EFFECTIVE 1-1-97

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

16Thay of Dec. , 19 96.

(An additional article must be added if an effective date is requested.)

aymord A Fau Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is:	P. P.S. of news	net. Inc
2. The name and address of the reg	istered agent and office is: YMOND A. Paul (NAME) BOX 103 - R-8 BOX OF Mail Drop Box NOT ACCEPTABLE) HICELLO, FL 3 J 3 44	96 DEC 16 PH 2: 25 SECRETAGE OF TATE TALLAHASSEE, FLORIDA
	(CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the vibove stated corporation at the place designated in this certificate, I hereby accept the appointment is 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 position as registered agent.

(SIGNATURE) 12-16-86
(DATE)