## P97000053976

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Qui	ncy Commy	ni Cations.	Fac.	<del>-</del>	
		(Proposed cor	pomie name - must inslude	annnn2215	-01056003	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :						
□ \$7 Filing		<b>19 \$</b> 78.75 Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
			ADDITIONAL CO	PY REQUIRED		
FROM: N. C. Scholar Name (Printed or typed)  Q1, 1 Bo X 1110  Address						
	<u>(</u>	(904) 442-9	State & Zip	SECRETARY OF STALLAHASSEE, FLO	FILED 97 JUN 18 PH 3	

## FILED

97 JUN 18 PM 3:30

## SECRE DARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

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

Ohin Cy Communications, The
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  Rt.   Bo x   110  Chattah oo chee, Fl. 32324
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:
Barbara John 500 St. 393 E. Je Afer Son St. Quin Cy, Fl. 32351
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:  N. C. Scholar
Chattahoochey Fl. 32324
70.0000
Signature/Incorporator Date

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

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 position as registered agent

Signature/Regist (red) Agent Date