97 JUN 25 AM 11: 05

Department of State **Division of Corporations** P. O. Box 6327

TALLAHASSEE, FLORIDA

Tallahassee, FL 32314 100002222471--0 -06/25/97--01056--001 *****70.00 *****70.00 Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$122.50 \$131.25 **570.00** \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee Certified Copy & Certificate & Certified Copy & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) DIVISION OF CORPORATION 97 JUN 25 AM 10: 45

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

9878
Daytime Telephone number

FILED

ARTICLES OF INCORPORATION

97 JUN 25 AM 11:05

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

TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:
Triple XXX Communication CURP.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
Rte 1800 760 Tallahassec, FlA
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
49
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
JERimiah JONES
Ale 1 Box 760 TallAlinssee, FIA 32312
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
LERCMICH Jones 675 Antiach ch Rd
675 Antrack ch Rd
Aliman C.

(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/Registered Agent

Date