## (SAMPLE LETTER OF TRANSMITTAL)

Florida Department of State Division of Corporations	DATE JULY 19, 1997 5 T
P.O. Box 6327 Tallahassee, FL 32314	FILED JUL 21 AH 9: 00 RETARY OF STATE LAHASSEE, FLORIDA
Re: The	Nosey Libearians, Inc.
Gentlemen:	7000022427671 -07/21/9701086003 ****122.50 ****122.50
Enclosed please find the original and one check in the amount of \$122.50.	copy of the Articles of Incorporation, together with my
This represents the cost of the Filing Fees, Registered Agent Designation for the above	Certified Copy of Articles of Incorporation and Fee for we named corporation.
	Very truly yours.
	Matida Young
	The Nosey Librarians Inc.
	P.O. BOX 840303
	Hollywood, Florida 33084-2303 PHONE (305)623-0493

Number

Ext.

		ARTIC	LES OF IN	CORPORATIO	אכ		
		1	of				
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	110	100 50 0	(name of co	poration)	,,42 (00)		<b>1</b> 0.06√
The undersic	med acting as	the incorporators					(e)
		oration for such con		, under the riorida	i Duamosa Corpe	manuir iou, acopu	(3)
						•	
•		AR	TICLE I - COR	PORATE NAME			
The name of	f the corporati	on is:					
	THE		LI	BRA RIAN	SING	S S	
<del></del>					<del>-) </del>	LCS:	-
			ADTICLEU	DUDATION			
			ARTICLE II -			21 21 237 (0	1
This corpora	ation shall exi	st perpetually unles	ss dissolved ac	cording to Florida	law.		j
						08 <b>6</b>	
			ARTICLE III	- PURPOSE		AG (3)	
		zed for the purpose	of engaging in	any activities or	business permitte	ed under the laws	of the
United States and	the State of I	Florida.					
				APITAL STOCK	•		
The corpora	ition is author	ized to issue <u>5 (</u>	Shares o	f common stock, j	par value \$	OO per	share.
				PRINCIPAL OFF			
The street a	ddress of the	initial principal off	ice and, if diffe	erent, the mailing a	address is:		
STREET ADDR	ESS	·		····			
321	40 n	)W 21	5th	Stree	<del></del>		
CITY	Diami	0-1		FLORIDA		ZIP 3305	7
		ferent			<u>.</u>		نعن
STREET ADDR							
Doc	() E	ロアのモ	0 ^	V QL	10303		
CITY H	<u> </u>	200 d	BO	FLORIDA	1000	71P 22A4	1-03
	<del>vuy v</del>	<u> </u>				ZIP 33089	1-4
•	)	ARTICLE VI - IN	IITIAL REGIS	TERED OFFIC	E AND AGENT	•	

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME

ADDRESS 3240 NW 215+K Street CITY Miami FLORIDA ZIP 33056	NUMB		11/1007 100	1001V9		
CITY III CITY FLORIDA ZIP 33096		一人り耳()	NW	215+1	STREET	<u>.</u>
	CITY	Miami	4	FLORIDA	¥**	

either increase	poration shall have ged or diminished fro he initial director(s)	Matica m time to time	og wong won	one) direct s, but shall ne	ors initially. The numb ever be less than one (1	er of directors may be ). The names and
NAME	Matida		UNG			
ADDRESS	3240	<u> N. W</u>	215+	<u>-h</u>	street	
CITY	MIAMI			STATE	FLorida	ZIP 33056
NAME						
ADDRESS	····					
CITY			······	STATE		ZIP
NAME						
ADDRESS						
CITY				STATE		ZIP
The names as	nd addresses of the i		RTICLE VIII - I		ATORS poration are as follows	:
NAME	Matid	α	Young			
ADDRESS	3240	NW	215+	STI	REET	
CITY	WIANT			STATE	FLorida	ZIP 33056
NAME	•					
ADDRESS				· · ·		<del> </del>
CITY				, STATE	1	ZIP
NAME						
ADDRESS		. '	A. a.			ш.
CITY				STATE		ZIP
The unders	igned incorporator	(s) have exce	cuted these Art	icles of Inco 1997	rporation this	9+h (Signature)
No.		M <sub>e</sub> v <sub>e</sub>			U. S.	(Signature) (Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

97 JUL 21 M 9: 00
SECRETARY OF STATE
NAME OF STATE

The Nosey Librarians, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 3240 NW 215th Street
Miami, Florida 33056

has named MS. Matida Young

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)