OBINIO 93718 TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

98 NOV -2 AM 8: 16

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

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SUBJECT:	2 K	Commun	rications	Inc.		1
	(proposed corporate name)					
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Enclosed is an ori	ginal and on	e (1) copy	or the articles	s of incorpor	auon and	our criecx
<u> </u>						
a management of the second	•					1
	•					:
FROM:		LE	S GARDI.	CPA		
•	Name (pri	nted of 669	S. TAMIAMI	TRAIL		ā
ı		SARAS	OTA, FL. 342	231-5559	 .	
•	Address		(941) 925-209	9		
•	City, State	, & Zip				•
•	• •	925-2	099		·	
	Telephone	Number				

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

<u>OF</u>

2 K Communications Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

2 K Communications Inc

ARTICLE II PRINCIPAL OFFICE

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

7061 S Tamiani Trail Saite 110
Sarasota FL 34231
ARTICLE III CAPITAL STOCK

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

1000 S Kares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LES GARDI, CPA 7061 S. TAMIAMI TRAIL SARASOTA, FL. 34231-5559 (941) 925-2099

ARTICLE V INCORPORATOR(S)

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

Barbara A. Anastasi 4563 Alametos Terrace Northport, FC 34286

The	undersigned inc	corporator(s	s) has(have) execut	ed these articles of inci	
	2814	_ day of _	October	, 19 <u>98</u> .	•
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	•	,	Sig	inature	<u> </u>

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:	2 K	Communic	ations Inc.	•
2. The name and address of the regist	ered agent a	and office is:		
(NAME	()	7061 SARAS	s gardi, ci s. ta m iami ti ota, fl. 3423	RAIL 1-5559 ₋₅
(P.O. BOX <u>NOT</u>	ACCEPTAB	LE) (941) 925-2099	B NOV -
(CITY/ST	ATE/ZIP)			M 8: 16
HAVING BEEN NAMED AS REGIST PROCESS FOR THE ABOVE STATED THIS CERTIFICATE, I HEREBY ACCE AND AGREE TO ACT IN THIS CAPAC PROVISIONS OF ALL STATUTES REFORMANCE OF MY DUTIES, AND I AT TIONS OF MY POSITION AS REGISTE	PT THE APP TTY. I FURT ATING TO AM FAMILIA	OINTMENT A HER AGREE THE PROPE R WITH AND	AS REGISTER TO COMPLY AND COMP	ED AGENT WITH THE LETE PER-
		RE 8		