

TRANSMITTAL LETTER

P98000 102298

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

600002704586-7
-12/07/98-01092-009
131.25 **87.50

SUBJECT: Personal Periodicals, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee
& Certificate

ADDITIONAL COPY REQUIRED.

FROM: Melissa Sentz
Name (Printed or typed)
6329 W. Commercial Blvd.
Address
Tamarac, FL 33319
City, State & Zip
954-724-9374
Daytime Telephone number

SD
12/9

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

FILED
98 DEC -7 PM 4:57
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Personal Periodicals, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6329 W. Commercial Blvd.
Tamarac, FL 33319

ARTICLE III SHARES

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

100 Shares @ \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

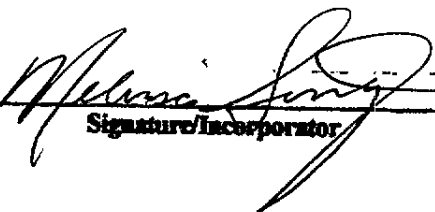
The name and Florida street address of the initial registered agent are:

Melissa Sentz
6329 W. Commercial Blvd.
Tamarac, FL 33319

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Melissa Sentz
6329 W. Commercial Blvd.
Tamarac, FL 33319

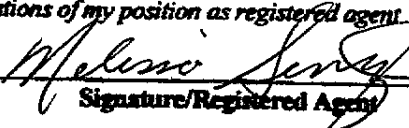

Signature/Incorporator

10/01/98

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/Registered Agent

10/01/98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA