

TRANSMITTAL LETTER

P 99000070511

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

FILED
99 AUG -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

AFFILIATED PRESS, INC.

(Proposed corporate name - must include suffix)

800002947458--4
-08/02/99-01093-011
*****70.00 *****70.00

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

THOMAS J. BURNS, JR.

Name (Printed or typed)

2842 16TH AVE N.

Address

ST. PETERSBURG, FL 33713

City, State & Zip

84 727-328-7770

Daytime Telephone number

F. CHESNEY

AUG

9 1999

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

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:

AFFILIATED PRESS, INC

ARTICLE II PRINCIPAL OFFICE

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

2842 16TH AVE N.
ST. PETERSBURG, FL 33713

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

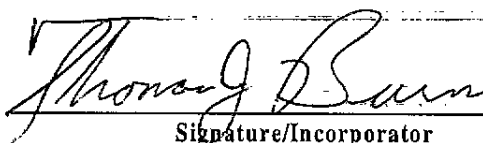
The name and Florida street address of the initial registered agent are:

THOMAS J. BURNS
2842 16TH AVE N., ST. PETERSBURG FL 33713

ARTICLE V INCORPORATOR

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

THOMAS BURNS, 2842 16TH AVE N., ST. PETERSBURG, FL 33713



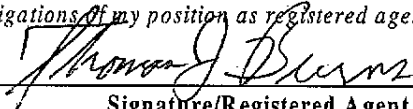
Signature/Incorporator

7/30/99

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

7/30/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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