TRANSMITTAL LETTER

P990000 87872

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

700003002717----10/01/99--01057--007

OCT 5 1999

SUBJECT:	The Writer's	Shoppe, Inc	<u>.</u>	99 OCT	
Enclosed is an origin	(Proposed corporate and one (1) copy of the articles	rate name - must include s		FILED FILED FILED FILED FILED FILED	-
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Calana D. Name (Pri 84/2 NW 6/5+ 2				
	Tamarac FL City, 8 954, 726, 4890	le			
	Daytime Tel	ephone number			•

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

P. CHESSER

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
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The name of the corporation shall be:

The Writer's Shoppe, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 84/2 NW 6/3+ 54rect, Tamarac FL 33321

SECRETARY OF STATE

<u>ARTICLE III SHARES</u>

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ca Lana D. Loreless 8412 NW 615+ Street, Tamarac FL 33321

ARTICLE V INCORPORATOR

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

Calana D. Loveless 84/2 NW 6/3+ Street, Tamarae FL 33321

Signature/Incorporator

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

Date