## TRANSMITTAL LETTER 990097068

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

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SUBJECT: FLonida CLASSIFIEDS, 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 of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Robert W. Aidukas Name (Printed or typed)			
	2830 WILDHORSE ROAD			
	ORLANDO, FL. 32822 City, State & Zip			
	407-277 Daytime Tei	2-1989 lephone number	· ·	

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 Flor	rida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA CLASSIFIEDS, INC.

PRINCIPAL OFFICE

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

FLORIDA CLASSIFIEDS, INC 2830 Wildhorse Road ORLANDO, FL. 32822

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:

Robert W. AiduKAS 2830 Wildhorse Road

ARTICLE V INCORPORATOR ORLANDO, FL. 32822

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

Robert W. AiduKAS 2830 WILdhorse Road

ORLANDO, FL. 32822

Signature/Incorporator

(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

10 - 29- 99 Date

Signature/Registered Agent