## POOOOOO4059

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

SUBJECT:	LYNX Enter	HAWMENT INCL	IDE SUPPLY)	
Enclosed is an origin	al and one(1) copy of the article	<b>6000</b> -0 *	03210736-  4/17/0001082   *****70.08   ******	3 012 70.00
\$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	
FROM:	Name (Printed or typed)  309 Hendricks Isle #/ Access Toles			
	Ft. LAUDER DAIE  City, S  (954)  Daytime Tel	FZ 33301 tate & Zip	LAHASSEE, FLORIDA	FILED HID 49

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

Our has



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 21, 2000

CHRIS 309 HENDRICKS ISLE #1 FT. LAUDERDALE, FL 33301

SUBJECT: LYNX, INC

Ref. Number: W00000010558

We have received your document for LYNX, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please, use a Pen to complete theses Articles.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten Document Specialist

Letter Number: 800A00022070

	and a management of the state
ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	ofit)
ARTICLE I NAME	
The name of the corporation shall be:	2
LYNX Entertainent inc	TATE OF THE PARTY
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Allastron Mo.
309 HENDRICKS ISLE	7032
FF LA-DER DAG FL 33301	NO ST
ARTICLE III PURPOSE	•
The purpose for which the corporation is organized is:	
Entertianment Promotion and Produ	ection
ARTICLE IV SHARES The number of shares of stock is:	•
1000	
ADTICLE II MITTAL OPPICEDS (DIDECTORS (	1\
ARTICLE V INITIAL OFFICERS/DIRECTORS (option The name(s) and address(es):	<u>nai)</u>
The name(s) and address(es).	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is	<b>:</b> :
CHRISTOPHER BORgia	
309 Hendricks Isle	
Ft. LANDERDAK FL 33301	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
CHRISTOPHER BORGIA	
309 HE~DAICKS ISIE	
Ft. Cauderdale FL 33301 **********************************	**********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered age	
//7	
Sind District	4-22-00
Signature/Registered Agent	Date

<del>4-12-00</del> Date

Signature/Incorporator