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(Requesto	r's Name)	
(Address)		
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PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
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Certified Copies	Certificates of Status	
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# TRANSMITTAL LETTER

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

SUBJECT: dn	ng Studioz, Inc.		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	<b>\$87.50</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
L		ADDITIONAL COPY REQUIRED	
FROM:	David Micheal Galliford		
	Name (	Printed or typed)	
	6154 Westgate Drive, Ap		
	A	ddress	
	Orlando, FL 32835		
	City, S	State & Zip	<i>.</i>
	407-616-5392		
	Davtime Te	elephone number	

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

dmg Studioz, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6154 Westgate Drive, Apartment #301 Orlando, FL 32835

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide multimedia/graphics solutions to the public.

#### ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares at 1¢ per share.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David Micheal Galliford

Katherine Chin-Ying Galliford

President

Vice President

6154 Westgate Drive, Apartment #301

6154 Westgate Drive, Apartment #301

Orlando, FL 32835

Orlando, FL 32835

#### ARTICLE V I REGISTERED AGENT

The name and Florida street address of the registered agent is:

David Micheal Galliford 6154 Westgate Drive, Apartment #301 Orlando, FL 32835

#### ARTICLE V II INCORPORATOR

The name and address of the Incorporator is:

David Micheal Galliford 6154 Westgate Drive, Apartment #301 Orlando, FL 32835

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

,

Date