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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

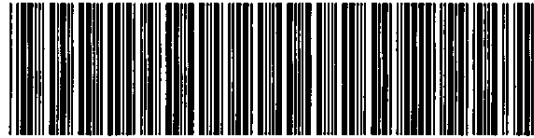
(Business Entity Name)

(Document Number)

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2007 JUL 23 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 7-23

**COVER LETTER**

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

**SUBJECT: Judi Productions, Inc.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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: Judith Goode

Name (Printed or typed)

P.O. Box 12001

Address

Brooksville, Florida 34603

City, State & Zip

352-344-1784

Daytime Telephone 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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Judi Productions, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
P.O. BOX 2144 INVERNESS, FL 34451  
Mailing: P.O. Box 12001 Brooksville, Florida 34603

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Write books and produce films, movies, TV series and movies from books,  
conduct conferences, distribute movies, TV series, any updated electronic  
material through the internet, DVD's and books nationwide.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):	P.O. BOX 2144 INVERNESS, FL 34451,
Judith Goode, President	same
Robert Vowels, Vice President	same
Robert Vowels, Secretary	same
Judith Goode, Treasurer	same

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Judith Goode, P.O. BOX 2144 INVERNESS, FL 34451

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Judith Goode  
P.O. BOX 2144  
INVERNESS, FL 34451

\*\*\*\*\*

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

Judith Goode  
Signature/Registered Agent  
Judith Goode

Judith Goode  
Signature/Incorporator

7/17/07  
Date

7/17/07  
Date

Judith Goode