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(7)				
(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
	-			
Special Instructions to	Filing Officer:			

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COVER LETTER

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

_{SUBJECT:} Tea	am DWP Studios	s Inc.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 DPY REQUIRED
FROM: _	wayne Watkins	e (Printed or typed)	
1	661 Palmetto La	• • •	
Р	embroke Pines,		

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

City, State & Zip

Daytime Telephone number

info@dwaynewatkins.com

E-mail address: (to be used for future annual report notification)

(954)247-4397

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

The name of the corporat	Team DWP Studion shall be:	os Inc.	
1661 Palmetto	NCIPAL OFFICE Principal street address	Mailing add	ress, if different is:
rembioke Fil	les, FL. 33020	<u> </u>	
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is: Photogian	aphy Studios	
ARTICLE IV SHA	IRES 500 Sharon @\$1.00 nor of	2070	
The number of shares of ARTICLE V INIT		<u></u>	6 AH IO: 14
Address	1661 Palmetto Lane	Address:	
	Pembroke Pines, FL. 33026		
Name and Title		Name and Title:	
Address		Address:	
Name and Title		Name and Title:	
Address		Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Charles Inije	the registered agent is:	
Address:	1175 NE 125th Street #306		
	Miami, FL. 33161		
ARTICLE VII The name and ad	INCORPORATOR Idress of the Incorporator is:		ALLEAN SECTION
Name:	Dwayne Watkins		M- 0 1
Address:	1661 Palmetto Lane		
rtudioss.	Pembroke Pines, FL. 33026		RDE F
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpor istered agent and agree to a	ration at the place designated in act in this capacity
	& day 1		01/02/2014
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are treatment of State constitutes a third degree felon	true. I am aware that the fo y as provided for in s.817.13	alse information submitted in a 15, F.S.
<u> </u>	vally .		01/02/2014
	Required Signature/Incorporator		Date