TRANSMITTAL LETTER

P99000056852

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

SUBJECT: ______Blue Stan Productions, Inc.

(Proposed corporate name - must include suffix)

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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

□\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Services

Name (Printed or typed)

7061 Grand Nationa Dr. Suite 105-9

Address

OnLando Fl., 32819
City, State & Zip

407-351-9977

Daytime Telephone 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 Flo	 mide
Business Corporation Act, hereby adopts the following Articles of Incorporation	'i iuc

ARTICLE I

The name of the corporation shall be:

Blue Stan Productions, Inc.

PRINCIPAL OFFICE

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

934 Doveplum Count Hollywood, FL., 33019

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Non Pan Value

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ruben D. Cuantas 934 Doveplum Count

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

Ruben D. Cuantas 934 Doveplum Count Hollywood Fl., 33019

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

Kuben

Signature/Registered Agent