

P00000046907
TRANSMITTAL LETTER

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

900003244479--7

-05/09/00--01002--012

***122.50 ***78.75

SUBJECT: DEMO PRODUCTIONS, INC.
(Proposed corporate name - must include suffix)

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
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DALE J. ROSS
Name (Printed or typed)

604 N.E. 2ND ST. #326
Address

DANIA, FLA. 33004
City, State & Zip

(954) 927-4755
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY - 8 AM 9:45

FILED

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

JS/11

ARTICLES OF INCORPORATION

The undersigned incorporator for the purpose of forming a corporation
under the Florida Business Corporation Act,
hereby adopts the following Articles of Incorporation

Article I

The name of the Corporation shall be: *Demo Productions, Inc.*

Article II

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

*604 N.E. 2nd Street, Suite 326
Dania, FL 33004*

Article III

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

One Million Shares

Article IV

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

*Dale J. Rossa
604 N.E. 2nd Street, Suite 326
Dania, FL 33004*

Article V

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

*Dale J. Rossa
604 N.E. 2nd Street, Suite 326
Dania, FL 33004*

Dale J. Rossa

Signature / Incorporator

5-5-2000

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Agent

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.



Signature / Registered Agent

5-5-2000

Date

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00 MAY - 8 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA