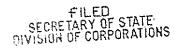
POCOCOOLATA Department of State

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

SUBJECT:	Not On My Own Productions, Inc. (Proposed corporate name - must include suffix)			
	(Proposed corpor	rate name - must include suff	ix)	
Enclosed is an origin	al and one(1) copy of the article		OOO3131- -02/10/000: *****78.75 check for :	4878 1030015 *****78.75
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Phillip Ward	inted or typed)		
3127 Sandhurst Road East 8 Standards				
	Jacksonville City, S	FL 32277 State & Zip		FILED TARY OF S OF CORPOR
		H - 9057 lephone number		TATE

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

J2116/00



Articles of Incorporation

00 FEB 10 AM 7: 28

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Not On My Own Productions, Incorporated.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 8671

Jacksonville, FL 32239

The number of shares of stock this corporation is authorized to have outstanding at any one time is 1000 shares with no par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Phillip Carlyle Ward

3127 Sandhurst Road East

Jacksonville, FL

32277

<u>ARTICLE V INCORPORATOR</u>

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

Phillip Carlyle Ward

3127 Sandhurst Road East

Jacksonville, FL 32277

nature/Incorporator

Da

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 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 agents.

Signature/Registered Agent

2-9-2000

Date