

P00000022942
TRANSMITTAL LETTER

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

FILED
00 FEB 25 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: AURORA FILMS, COMPANY
(Proposed corporate name - must include suffix)

800003147308-1
-02/25/00-01045-008
*****78.75 *****78.75

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: Mr. Luis G. Restrepo
Name (Printed or typed)
1249 NE 149 Street
Address
Miami, Florida 33161
City, State & Zip
305-947-7570
Daytime Telephone number

F. CHAMBERLAIN MAR 7 2000

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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AURORA FILMS, COMPANY

ARTICLE II PRINCIPAL OFFICE

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

1249 NE 149 Street

Miami, Florida 33161

ARTICLE III SHARES

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

1000 (One Thousand) Shares, No par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

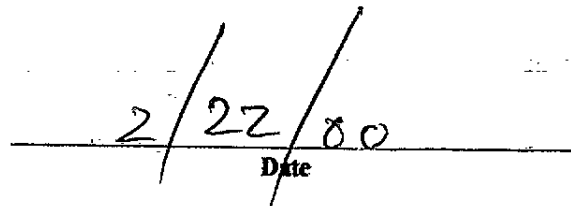
Mr. Luis G. Restrepo 1249 NE 149 Street, Miami, FL 33161

ARTICLE V INCORPORATOR

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

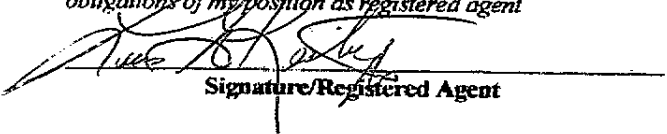
Luis G. Restrepo: 1249 NE 149 Street, Miami, FL 33161

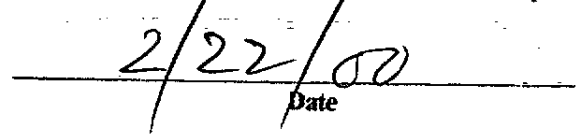

Signature/Incorporator


Date

(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


Signature/Registered Agent


Date

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00 FEB 25 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA