

Charter Number Only

Amos 51992

Requestor's Name

BR

Address

City

State

ZIP

Phone

ONLY

900003264759--7

-05/24/00--01020--006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Les productions LJ, Inc.



Empire Toll Free: 1-800-432-3028

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail

RECEIVED  
00 MAY 24 AM 9:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

cert

# 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:

LES PRODUCTIONS LT, INC.

## ARTICLE II PRINCIPAL OFFICE

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

589 E. SAMPLE RD  
POMPAHO BEACH, FL 33064

## ARTICLE III SHARES

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

100 SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LESLEY JACQUES  
589 E. SAMPLE RD  
POMPAHO BEACH, FL 33064

## ARTICLE V INCORPORATOR

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

LESLEY JACQUES  
589 E. SAMPLE RD  
POMPAHO BEACH, FL 33064

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

FILED  
00 MAY 24 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA