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TRANSMITTAL LETTER

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

300033182538--3
-07/10/00--01110--013
*****87.50 *****87.50

SUBJECT: Winged Dog 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 of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Diane Foti
Name (Printed or typed)

317 Lake Placid Ct.
Address

Oldsmar, Florida 34677
City, State & Zip

813-855-4185
Daytime Telephone number

FILED
00 JUL 10 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7-12-00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
00 JUL 10 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Winged Dog Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 21583
St Petersburg, FL. 33642

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Film, Video & Print Production Company

ARTICLE IV SHARES

The number of shares of stock is:

$ 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Diane Foti - 317 Lake Placid Ct. Oldsmar FL. 34677 Pres./Sec
Marlene Forand PO Box 21583 St Petersburg, FL. 33642 Vice Pres.

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Diane Foti 317 Lake Placid Ct. Oldsmar, FL. 34677

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Diane Foti
317 Lake Placid Ct. Oldsmar, FL. 34677

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Diane Foti
Signature/Registered Agent — Date

Diane Foti
Signature/Incorporator — Date