# 00000087685

#### TRANSMITTAL LETTER

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



(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

& Certified Copy

Filing Fee

\$131.25

Filing Fee, Certified Copy & Certificate

FROM:

ANTHONY BROWN

Name (printed or typed)

305 - 770 - 43 46

Daytime Telephone number

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







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

#### ARTICLE I NAME

The name of the corporation shall be:

Z-BO PRODUCTIONS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

99 N.W. 183 5T, #205 MIAMI, FL, 33169

#### ARTICLE III SHARES

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

25,000 SHARES AT \$1,00 PER VALUE STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GERTA MONUMA 99 N.W. 1834 ST. #205 MIAMI, FL, 33169

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es)	of the incorporator(s)	to these Articles	of Incorpora-
tina informit			

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

ELEVENTH day of SEPTEMBER \$2000.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: $Z^{-}BO$ PRODUCTIONS, INC.
2. The name and address of the registered agent and office is:
GERTA MONUMA (Name)
99 NIW, 163 4 ST, #205 (P.O. Box not acceptable)
MIRMI, FL. 33169 (City/State/Zip)
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.
9-11-00 (Date)