## TRANSMITTAL LETTER

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

,				-
SUBJECT:	Funcky Clown (Proposed cor			ات چيپهي پر ۱۹۰۰ - ۳
·	-	30	95888000 9789-00 18 00.08*****	534 52009 ****78.75
	and one(1) copy of the articles	of incorporation and a	check for:	ı
Enclosed is an original substitution of the su	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Craig Gill Name (P	iacol rinted or typed)	<u>.</u>	
.*	4330 NW19	tn street #3 Address	<u>2401</u>	₩ ₩
	Lauderhill , Fl.	33313 , State & Zip		· , ·
·		95-1927 Telephone number		

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.

00 SEP 20 PM 4: 01

AR7	'ICLE	I	<u>NA</u>	ME

The name of the corporation shall be:

Funky Clown Production, Inc.

PRINCIPAL OFFICE

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

4330 NW 19th. Street # J407 Lauderhill ( Fl. 33313

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: hereby an familiar Craig Gilliard

4330 N.W. 19th Street # J407 Lauderhill, Fl. 33313

with and accept the duties and responsibilities as

INCORPORATOR

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

Trisha's Treasured Moments, Inc.

Landings Drive # 202 Laudenii, Fi,33313

Signature/Incorporator

(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