Charter Number Only 0 305670-0267 CORPORATION(S) NAME ndustrons, Toll Free: 1-800-432-3028 Profit) NonProfit () Amendment () Merger) Foreign () Dissolution () Mark) Limited Partnership) Annual Report () Other) Reinstatement) Reservation () Change of Registered Agent Dertified Copy () Photo Copies () Certificate Under Seal) Call When Ready () Call If Problem () After 4:30 Pick Up) Walk in () Will Walt Name Availabitit Document **Update**: Verifier edament W.P. Verifier

CR2E031 (R8-85)

CERTIFICATE OF INCORPORATION

of

Cripple Kitty Productions, Inc.



We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges, and immunities of the corporation for profit.

Article One

The name of this corporation shall be: Cripple Kitty Productions, Inc.

Article Two

The corporation may engage in any activity or business permitted under the laws of the Unites States and of the State of Florida.

Article Three

The maximum number of shares of stock with \$1 par value that this corporation is authorized to have outstanding at any one time is two thousand five hundred.

Article Four

This corporation is to have perpetual existence.

Article Five

The amount of capital with which this corporation will begin business will not be less than \$500 dollars.

Article Six

The principal office of this corporation shall be at:

9500 S. Dadeland Blvd., Suite 700, Miami, FL, 33156 and the initial resident agent at such address is Donald D. Wilson Jr.

Article Seven

The number of directors shall not be less than one.

Article Eight

The names and addresses of the first board of directors, who, subject to the provisions of the Certificate of Incorporation, the by-laws and the corporation laws of the State of Florida, shall hold office for the first year of the corporations existence, or until their successors are elected and have qualified, are:

<u>Name</u>	Address
Kathleen G. Sylvester	3648 Loquat Avenue Miami, FL 33133
Reynaldo R. Sylvester	3648 Loquat Avenue Miami, FL 33133

Article Nine

The name and address of each subscriber to the Certificate of Incorporation and the number of shares that each agree to take, are as follows, to-wit:

<u>Name</u>	Address	<u>Shares</u>
Kathleen G. Sylvester	3648 Loquat Avenue Miami, FL 33133	100
Reynaldo R. Sylvester	3648 Loquat Avenue Miami, FL 33133	100

The proceeds of the stock subscribed for will be at least as much as the amount necessary to begin business.

Article Ten

The corporation shall have the right and power to:

From time to time to determine whether and to what extent and at what times and places and under what conditions and regulations, the accounts and books of this corporation (other than the stock book) or any of them shall be open to inspection of stockholders; and no stockholder shall have any right of inspecting any account, book or document of this corporation except as conferred by statute, unless authorized by a resolution of the stockholders or board of directors.

The corporation may in its by-laws confer powers upon its board of directors or officers, in addition to the foregoing and in addition to the powers authorized and expressly conferred by statute.

Both stockholders and directors shall have power, if the by-laws so provide, to hold their respective meetings, and to have one or more offices with or without the State of Florida, and to keep the books of this corporation (subject to the provisions of the statutes) outside the State of Florida, at such places as may from time to time be designated by the board of directors.

The corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all right conferred upon stockholders herein are granted subject to this reservation.

WE, THE UNDERSIGNED, being each and all of the original subscribers of the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby make, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares of stock hereinabove set forth as to each of us, and accordingly have hereunto set our hands and seal this 3-9 day of September, 2000.

V Coffeesley (Seal)

STATE OF FLORIDA

SS

COUNTY OF DADE

BE IT REMEMBERED, that on this day before me personally came the parties to the foregoing Certificate of Incorporation, known to me personally to be such, and severally acknowledged the said Certificate to be the free and voluntary act of deed of them, and each of them, each for himself and not for the other, and that the facts therein stated are truly set forth.

Notary Public, State of Florida & Large

My commission expires:

July 12, 2004

OFFICIAL NOTARY SEAL
DONALD D WILSON IR
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC953597
MY COMMISSION EXP. IT. Y 12.2014

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA – NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST----THAT

CRIPPLE KITTY PRODUCTIONS, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI.

STATE OF FLORIDA, HAS DONALD D. WILSON JR.

LOCATED AT 9500 S. DADELAND BLVD., SUITE 700, MIAMI, FL, 33156,

CITY OF MIAMI, <u>STATE OF FLORIDA</u>, <u>AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA</u>.

CORPORATE OFFICER)

TITLE PRESIDENT

DATE 9/19/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE (RESIDENT AGENT)

DATE