409 E. GAINES ST. TRANSMITTAL LETTER TALKAHASSEE FL 32399 MM/RW PRODUTIONS THE. Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ZODUCTION ENC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: نن **2** \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee, & Certificate of Statu Certified Copy & Certificate of Status ADDITIONAL COP'X REQUIRED Name (Printed or typed) Address

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

*****87.50 *****87.50



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 4, 2000

MICHAEL MINCIELI 5557 W. OAKLAND PK BLVD LAUD., FL 33319

SUBJECT: MM/AW PRODUCTION INC.

Ref. Number: W0000024033

We have received your document for MM/AW PRODUCTION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list the corporation's principal office and/or a mailing address in the document.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please list the street address of each officer/director.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 900A00052484

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: MM/AW PRODUCTIONS INC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 5557 WEST OAKLAND PARK BLUDI LAUD. FL 33319 ARTICLE III *PURPOSE* The purpose for which the corporation is organized is: MARKETING ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): MICHAEL MINCIELI 5557 WEST ONKLAND PK BLUD LAND. FL 33319 REGISTERED AGENT The name and Florida street address of the registered agent is: HENRY WALDMAN 7300 RADICE CT #503 LAUDERHILL FL 33319 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MICHAEL MINCIELI 5557. WEST CAKUND PK BUD. CAUD. FL. 33319

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

Signature/Registered Agent

Mercieli

Date

Date

Signature/Incorporator