POODOON JETJER 7846

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

SUBJECT:	Felecia Constance I	Rowe, Inc.				
	(PROPOSED CORPORATE NAME	E - MUST INCLUDE S	SUFFIX)			* .
Enclosed is an origi \$70.00 Filing Fee	ginal and one(1) copy of the articles of incom \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$8 Filing Fee Filing & Certified Copy Certi & Ce		Fee,]	
FROM:				ertified Copy Certificate of tatus REQUIRED		
	Cameron Xavierra Rowe OOOO35090 -12/20/00010 ******78.75)—— -019 *78.7	
	Name (Printed or typed)				* *.	¯
	2508 Minnesota Ave #A2	01		TALS O	5	
	Address	* 4		OU DEC 20 SECKLIARS	; ; ;	
	Lynn Haven, FL 32444			ASSEE, F	1	-
	City, State & Zip			8: 58		,
	(850) 265-0072 or (850) 624-2351			DA		
	Daytime Telephone number		 	•	· -	

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

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:

Felecia Constance Rowe, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2508 Minnesota Ave #A201, Lynn Haven, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Publishing House and Movie Production Company

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares at a par value of \$0.50

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Felecia Constance Rowe, Chairwoman, 2508 Minnesota Ave #A201, Lynn Haven, FL 32444 Cameron Xavierra Rowe, C.E.O., 2508 Minnesota Ave #A201, Lynn Haven, FL 32444

ARTICLE VI REGISTERED AGENT

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

Cameron Xavierra Rowe, 2508 Minnesota Ave #A201, Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cameron Xavierra Rowe, 2508 Minnesota Ave #A201, Lynn Haven, FL 32444

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

AVIERRA Signature/Registered Agent

AVIORRA

Signature/Incorporator

Date