

P01000008412

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
01 JAN 22 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WRAP STUDIO, INC

000003562050-5
-01/22/01--01045--007
*****78.75 *****78.75

SUBJECT: _____

(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 X \$78.75 Filing Fee & Certificate

FROM:

SUZANNE RICHERZHAGEN

Name (Printed or typed)

3570 19TH AVENUE SW

Address

NAPLES, FL 34117

City, State & Zip

941-354-1523

Daytime Telephone number

23-01

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.

ARTICLE I NAME

The name of the corporation shall be:

WRAP STUDIO, INC

ARTICLE II PRINCIPAL OFFICE

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

3570 19TH AVENUE SW
NAPLES, FL 34117

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SUZANNE RICHERZHAGEN
3570 19TH AVENUE SW
NAPLES, FL 34117

ARTICLE V INCORPORATOR

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

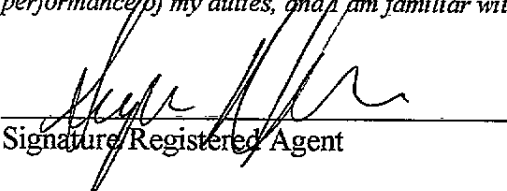
SUZANNE RICHERZHAGEN
3570 19TH AVENUE SW
NAPLES, FL 34117


Signature/Incorporator


Date

(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


Date

FILED
01 JAN 22 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA