

# TRANSMITTAL LETTER

# P01000017548

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

500003706095--6  
-02/15/01--01093--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Littil Women Productions, Inc.  
(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
- \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: MARY ANN O'REILLY  
Name (Printed or typed)

6543 TURTLE MOUND ROAD  
Address

NEW SMYRNA BEACH, FL 32169  
City, State & Zip

(904) 427-4010  
Daytime Telephone number

FILED  
01 FEB 15 PM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

2-16-01  
WCC

**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: *Littil Women Productions, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *6543 TURTLEMOUND RD  
New Smyrna Beach, FL 32169*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: *1000 - One Thousand shares*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):  
*MARY ANN O'REILLY - ~~WOMAN~~  
6543 TURTLEMOUND ~~RD~~ ROAD  
New Smyrna Beach, FL 32169*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
*MARY ANN O'REILLY - ~~WOMAN~~  
6543 TURTLEMOUND ROAD  
New Smyrna Beach, FL 32169*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
*MARY ANN O'REILLY  
6543 TURTLEMOUND ROAD  
New Smyrna Beach, FL 32169*

\*\*\*\*\*  
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

*Mary Ann O'Reilly*  
\_\_\_\_\_  
Signature/Registered Agent

*Feb 14, 2001*  
\_\_\_\_\_  
Date

*Mary Ann O'Reilly*  
\_\_\_\_\_  
Signature/Incorporator

*Feb 14, 2001*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA