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

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231		J 40		17	
SUBJECT: 5	POTAT PRODUCT (PROPOSED CORPORA)	TOUS TOUS INCLU	DE SUFFIX)		
50003852845—6 -03/14/0101063007 ******78.75 *****78.75 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	\$78.75. Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	LINDA 130- Name (Pr	TUER inted or typed)			
	1009 GATEST	EAD CIRCLE	NOISIAIG	REC O1 MAR	
	(8so) 6s7-	FL 32311 State & Zip OS Z7 elephone number	DIVISION OF CORPORATION	RECEIVED	

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

OLMAR ILL PM 1:58 SECRETARY OF STATE

APPROVED FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be:		
5 POINT Productions, Inc.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
1009 GATESHEAD CIR TALLAMAS SEE, FL 32311 ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Education		
ARTICLE IV SHARES The number of shares of stock is:		
Z. ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):		
	SECHETAH) JALLAHASSE	OI MAR II, PH I:
ARTICLE VI REGISTERED AGENT	Line Line	
The name and Florida street address of the registered agent is: LESCIE KITCHING 146 MERIDIAN HIUS ROAD	FIARY OF STATE PASSEE, FLORIDA	/ED 1 1:58
TALLAHASSEE, FL 32312		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Linda Butler 1009 Gateshrad Gr		
TALLAHASSEE, FL 32311		
**************************************	corporation at the place d	
certificate, I am familiar with and accept the appointment as registered agent and agree to	o act in this capacity	
Jelus Kilik	3-14-01	
Signature/Registered Agent	Date	
Sid Sud	3-14-01	
Signature/Incorporator	Date	