## Florida Department of State

## Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335 : (305)599-0839

Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

T L P PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION OF

T L P PRODUCTIONS, INC.

The undersigned incorporator(s), for the purpose of forming corporation under the Florida General Corporation Act, here adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:
T L P PRODUCTIONS, INC.

The principal place of business of this corporation shall be:

1140 CLIFFROSE STREET HOLLYWOOD, FL 33019

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 SHARES OF COMMON STOCK AT PAR VALUE OF \$10.00 EACH.

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the Initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MONICA S. BARSKI

PRESIDENT

1140 CLIFFROSE STREET HOLLYWOOD, FL 33019

## ARTICLE VI INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MONICA S. BARSKI

1140 CLIFFROSE STREET HOLLYWOOD, FL 33019

IN WITNESS WHEREOF, the u	ndersigned incorporator(s) has(have)
evernied luete Vilicie? (	of Incorporation this 19TH
day of MARCH , 2001	

Signature(s) on Inderporator(s)

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

2. The name and address of the regist	ered agent and office is:	0
MONICA S. BARSKI	SEC	
(P.O. BOX NOT ACCE	(SIZE OF LEGISTRATES OF LOSE LA CONTROL OF	MAR 20 AN
(CITY/STATE/ZI	Who his	7:28
. TITLE	PRESIDENT	<b>-</b>
· DATE	03-19-2001	

ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 03-19-2001