DO200022398
TRANSMITTAL LETTER

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

200005001022--0 -02/25/02--01064--017 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	Masked Man (Proposed corporat	INC. TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles 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	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Samuel A. Davis  Name (Printed or typed)  4311 S. Semoran Blvd. Apt. 7  Address  Orlando, FL 32822  City, State & Zip  (321) 277-5238  Daytime Telephone number		

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

AUTHORIZATION BY PHONE TO

CORRECT 114 111

DATE 2/28/02

DOC EXAM Nous Spenish

DB 2/28

## 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:

Masked Man, Inc.

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### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4311 S. Semoran Blvd. Apt. 7

Qrlando, FL 32822

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Video and Film Production

#### ARTICLE IV SHARES

The number of shares of stock is:

one

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Samuel A. Davis, President 4311 S. Semoran Blvd. Apt. 7 Orlando, FL 32822

#### ARTICLE VI REGISTERED AGENT

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

Samuel A. Davis 4311 S. Semoran Blvd. Apt. 7 Orlando, FL 32822

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel A. Dayis 4311 S. Semoran BIVd. Apt. 7 Orlando, FL 32822

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

Signature/Registered Agent /Incorporator Date