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FILED

02 APR 30 AM 11: 26

Department of State

GEORFTARY OF STATE

Division of Corporations P. O. Box 6327		TALLAHASSEE FLORIDA			
Tallahassee, FL 323	14	5Taxs			
SUBJECT:	UN MONTOSED CORPORA	Jaks ; TE NAME - MUST INCL	Moduci, UDE SUFFIX)	Füx Co	
300053898935 -04/30/0201023003 ******70.00 ******70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
		<u> </u>			
□ \$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75	□ \$87.50		
1 milg 1 cc	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
		обру	& Certificate of		
		ADDITIONAL CO	Status PY REQUIRED		
FROM: MARCIA L. LUND Name (Printed or typed)					
realite (Finited of typea)					
	3055 (Address PJAK		in the second of	
	_ORL 1	FL 32	819		
	1 /	State & Zip	<u> </u>		

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be: Sun Moon 4 STARS PROduction Com	O2 APR 30 AM II: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5055 Caspian CT. Opt Fl 33	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
fublic Relations	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s): MARCIA LYNN CEO	
5055 Caspian CT ORL FL 32819	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: MRCIA LYN SOSS Cas Plan CI	
ORL FL 32819 ARTICLE VII _ INCORPORATOR The name and address of the Incorporator is:	
MARCIA LYNN 505-5 Caspian CI OPL FL 32819	
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to a	ct in this capacity
Maria James	3.19.02
Signature/Registered Agent	Date

Signature/Incorporator

 $\frac{3 \cdot 19 \cdot 05}{\text{Date}}$