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Division of Corporations

# 020005818

## 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)205-0381

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Account Number : 076666002273 Phone : (904)398-3911

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### FLORIDA PROFIT CORPORATION OR P.A.

WhiteFlame Productions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
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F. CHESSER

#### ARTICLES OF INCORPORATION

OF

#### WHITEFLAME PRODUCTIONS, INC.

#### ARTICLE I

#### **NAME**

The name of this corporation is WhiteFlame Productions, Inc.

#### ARTICLE II

#### **PURPOSE**

The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the accomplishment of the objects necessary or incidental to the benefit and protection of the corporation, and to transact any lawful business and to exercise all powers granted to corporations by the laws of the State of Florida.

#### ARTICLE III

#### STOCK

The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is One Hundred Thousand (100,000) shares of the par value of One Cent (\$0.01) each.

#### ARTICLE IV

#### PERPETUAL EXISTENCE

This corporation is to have perpetual existence.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE V

#### PRINCIPAL OFFICE; MAILING ADDRESS

The principal office and mailing address of this corporation will be at 3740 Beach Boulevard, Suite 300, Jacksonville, Florida 32207 or such other address as the Board of Directors may from time-to-time designate.

#### ARTICLE VI

#### **DIRECTORS**

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the stockholders from time to time.

The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the corporation or until successor is elected or appointed is:

NAME

**ADDRESS** 

Elisa A. Demetree

3740 Beach Boulevard

Suite 300

Jacksonville, Florida 32207

#### ARTICLE VII

#### **INCORPORATOR**

The name and address of the sole incorporator of the corporation is as follows:

**NAME** 

**ADDRESS** 

Elisa A. Demetree

3740 Beach Boulevard

Suite 300

Jacksonville, Florida 32207

#### ARTICLE VIII

#### REGISTERED AGENT

The name of the initial registered agent of this corporation and the street address of the initial registered office of this corporation is

NAME

<u>ADDRESS</u>

Elisa A. Demetree

3740 Beach Boulevard Suite 300 Jacksonville, Florida 32207

#### ARTICLE IX

#### **AMENDMENT**

This corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this August of May, 2002.

Elisa A. Dometree

Incorporator

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named 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.

1. The name of the corporation is:

WhiteFlame Productions, Inc.

2. The name and address of the registered agent and office are:

Elisa A. Demetree 3740 Beach Boulevard Suite 300 Jacksonville, Florida 32207

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Elisa A Demerree

DATE: May 24, 2002

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