

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 127  
Tallahassee, FL 32314

500005691855--5  
-06/05/02--01019--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: PEDRO ALFONSO PRODUCTIONS, INC.  
(Proposed corporate name - must include suffix)

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PEDRO ALFONSO  
Name (Printed or typed)

7239 SW 162 PLACE.  
Address

MIAMI, FLORIDA. 33193  
City, State & Zip

(305) 408-7539  
Daytime Telephone number

FILED  
02 JUN -5 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

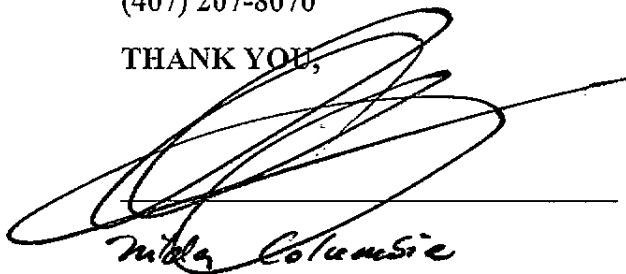
RE:

PLEASE MAILED TO:

TAX PROFESSIONAL INC.  
9645 E. COLONIAL DR. SUITE 109  
ORLANDO, FL. 33817

(407) 207-8070

THANK YOU,



*Milla Columbus*

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

PEDRO ALFONSO PRODUCTIONS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7239 SW 162 PLACE, MIAMI, FLORIDA. 33193

### ARTICLE III SHARES

The number of shares of stocks that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES AT PAR VALUE OF \$ 1.00 EACH.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PEDRO ALFONSO

7239 SW 162 PLACE. MIAMI, FLORIDA. 33193

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PEDRO ALFONSO-PRESIDENT

7239 SW 162 PLACE. MIAMI, FLORIDA. 33193

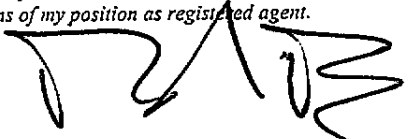
  
\_\_\_\_\_  
Signature/Incorporator

05/23/2002

\_\_\_\_\_  
Date

(An additional article must be added if and effective date is requested.)

*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/Registered Agent

05/23/2002

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA