PQ2000086888

DATE 7/30/02

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

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	-08/03/0	0201	.0160	Ü8 ^
	美事者事事 75	75	Andreas de Ti	ם כ" כ

Re: L&B LATIN Productions, Inc

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Gillian Tones
(Individual's Name)

LEB LATIN Productions, Inc.

MAILING AD	DRESS OF C	ORPORATION —
LEB LA	tin Pro	ductions, INP
27415W	Pierson	Road
POR+ SAIN	St LUCI	'e, FL 349 5 3
(772) 878	-4080	
Area Code N	umber	Ext.

ARTICLES OF INCORPORATION FILED
LeB Latin Productions, Inches Of STATE (name of corporation) O2 AUG -8 PM 3: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
ARTICLE I - CORPORATE NAME
The name of the corporation is: LeB LATIN Productions, INC.
ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
ARTICLE IV - CAPITAL STOCK
The corporation is authorized to issue 500 shares of common stock, par value \$ 1,00 per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:
STREET ADDRESS
2741 SW Pierson Road
CITY fort SAINT LUCIE FLORIDA ZIP 34953
Mailing address, if different
STREET ADDRESS SAME AS ABOVE
·
CITY FLORIDA ZIP
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
The street address of the initial registered office and the name of the initial registered agent at the office is:
NAME LILLIAN Torres
ADDRESS 2741 SW Pierson Road
CITY POCK Spial + Lucie FLORIDA ZIP 34953

		* .
A	BOARD OF DIRECTORS	
This corporation shall have <u>ONE</u> (either increased or diminished from time to time by the By-Law addresses of the initial director(s) of the corporation are as follows:	directors initially. The nurves, but shall never be less than one ows:	mber of directors may be (1). The names and
NAME Lillian Torres		
ADDRESS 2741 SW Pierson	S Road	
CITY Port SAINT LUCIE	STATE FLORISA	ZIP 34953
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		<u> </u>
CITY	STATE	ZIP
ARTICLE VIII - 1.	NCORPORATORS	, , , , , , , , , , , , , , , , , , , ,
The names and addresses of the incorporators signing these Arti		/s:
NAME LiLLian Torres		
ADDRESS 2741 SW Pierson	Road	
CITY Port Spin(+ Lucie	STATE FLORIDA	ZIP ZUAT 2
NAME	TEORIDA	<u> </u>
ADDRESS	<u> </u>	<u> </u>
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Artic		30
lay of	182002	
	1: "	
)

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

02 AUG -8 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEB	LAtin Productions, Inc.
,	(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incomparation

as moreated in a	ne vincies of incorboration		
at 2741	SW Pierson	Road	
PORT_	SAINT LUCIE	2 FL	34953
has named	LILLIAN TO	rres	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Gignature)