

*P* 002000092707  
TRANSMITTAL LETTER

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

FILED  
02 AUG 26 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: S.P.I. PICTURES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100007342681--8  
-08/26/02--01069--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: JEAN LYND NORMAN  
Name (Printed or typed)

6399 NIKA CT  
Address

PORT ORANGE, FL 32128  
City, State & Zip

386-304-6633  
Daytime Telephone number

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

*JB 8/27*

# 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:

S.P.I. PICTURES INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6399 NIKA CT  
PORT ORANGE, FL 32128

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JEAN LYND NORMAN, President, Director  
6399 NIKA CT  
PORT ORANGE, FL 32128

## ARTICLE VI REGISTERED AGENT

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

JEAN LYND NORMAN  
6399 NIKA CT  
PORT ORANGE, FL 32128

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEAN LYND NORMAN  
6399 NIKA CT  
PORT ORANGE, FL 32128

\*\*\*\*\*  
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

JEAN LYND NORMAN

Signature/Incorporator

JEAN LYND NORMAN

Date

Date