

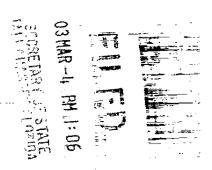
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				





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TRANSMITTAL LETTER

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

SUBJECT:	MADELYIV		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	IDE SUFFIX)
England on an orig	ingland and (1) same of the art	islag af importantian and	la akaab Kam
encused are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
□ \$70.00	□ \$78.75	\$78.75	\$87,50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Madelyn +	(Printed or typed)	
-	27 N.W 45	Ave Soile305	
-	DEER Field Be	och A 3344 State & Kip	12
-	1010	1069 Telephone number	

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



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 24, 2003

MADELYN HALL 27 N.W. 45TH AVE. SUITE 305 DEERFIELD BEACH, FL 33442

SUBJECT: MADELYN

Ref. Number: W0300005369

We have received your document for MADELYN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Letter Number: 803A00011872

Shannon Elliott Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME ARTICLE I The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 27 N.W. 45 AVE site 305 DECAPTED BEOCH FL 33442 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Entertainment The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): MADELYN HALL, President 27 N.W. 45 "Suite 305 DEER FIELD BEACH, FL 33442 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: MAdelun HALL 27 N.W 45 ave suite 305 Deerfield Beach FL 33442 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MAdelyn HALL 27 N.W 45 Ave Soite: 305 DEERFIELD BEACH PL 33442 Having been named as registered agent to necept 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

Signature incorporator