

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer: D. WHITE MAY 2 3 2003

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SECRETARY OF STATE TALLAHASSEE FLORIDA



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TRANSMITTAL LETTER

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

SUBJECT: Rav	wVibe Entertainment, Inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
☑ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
Ū	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Luis Duran			
TROWI.	Name (Printed or typed)			
	10040 Sheridan St., Suite 211			
-	Address			
	Pembroke Pines, FL 33024			
	City, State & Zip			
	•	,,		
	954-442-1666	-		
•	Daytime	Telephone number	and and and and and and and and and and 	•

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

RawVibe Entertainment, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10040 Sheridan St., Suite 211, Pembroke Pines, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction or any or all lawful business purposes for which corporations may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 common shares no par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Luis Duran

10040 Sheridan St., Suite 211, Pembroke Pines, FL 33024

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Luis Duran

10040 Sheridan St., Suite 211, Pembroke Pines, FL 33024

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/Incorporator