## P03000

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03 DEC 17 M 9:03

SECRETARY OF STATE

12-31-52

Mail)

Department Of State Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

SUBJECT: Marshian Studio Inc.

Enclosed are an original and one copy of agent, and a check for \$70.00. Please return one coaddress below in the envelope provided.

William John Marsh IV 2645 Ridgewood Rd. Jacksonville, Fl 32207 les of Incorporation, a designation of registered Articles stamped with the filing date to the

CERTIFICAT

**ESIGNATION** 

<b>EF</b>	DATE
	weeks
ARTICLES (	IRPORATION FILED
Marshian '	03 DEC 17 AM 9: 02
(A Florida F	
(A FIRMA I	Corporation) = SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of this corporation shall be M	tudio Inc. (hereinafter called the "Corporation").
PRINCIPAL OFFICE.	MAILING ADDRESS
The address of the principal office ar Ridgewood Rd, Jacksonville, Fl., 32207.	mailing address_of the Corporation are 2645
	E CHL.
All stock issued by this Corporation shall of shares of stock that this corporation is authorize.	non voting stock of a single class. The number outstanding at any one time is 1000 shares.
<u>initial regis</u> j	OFFICE AND AGENT
The street address of the initial registered Jacksonville, Fl., 32207; and the name of the Corpo William John Marsh IV.	the Corporation is 2645 Ridgewood Rd, initial registered agent at that address is
INC	ZATOR ZATOR
The name and address of the person signin, Willi	
264. Jacks	ood Rd
Jacks	1. 32207 —
	<u>v</u> i.
For all intents and purposes Marshian Studi	
IN WITNESS WHEREOF, the undersigned Incorporation on this 12th day of December 2003.	
	William John Marsh IV Incorporator
TRANS	

TRANSI.

\_\_ <u>LETTER</u>

## REGISTERED

FILED

03 DEC 17 AM 9:02

/ REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to Florida law, the undersigned Florida submits the following statement in design of Florida.

1. The name of the corporation: Mars

2. The name and address of the registe

William John Marsh IV 2645 Ridgewood Rd. Jacksonville, Fl. 32207

HAVING BEEN NAMED AS REPROCESS FOR THE ABOVE-STATED THIS CERTIFICATE, I HEREBY ACCESAND AGREE TO ACT IN THIS CAPACE PROVISIONS OF ALL STATUTES APPERFORMANCE OF MY DUTIES, APPERFORMANCE OF MY POSITION AS RE

ation organized under the laws of the State of registered office? registered agent, in the State

lio Inc.

t and office is:

ED AGENT AND TO ACCEPT SERVICE OF RATION AT THE PLACE DESIGNATED IN APPOINTMENT AS REGISTERED AGENT FURTHER AGREE TO COMPLY WITH THE NG TO THE PROPER AND COMPLETE M FAMILIAR WITH AND ACCEPT THE ED AGENT.

gnature of Registered Agent

ite

12/15/03