P0400082176

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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TRANSMITTAL LETTER

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

SUBJECT:	PLASH ENTE	RTAINMENT	INC	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLU</u>	<u>DE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the ar	rticles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	FIN ORE A	KNORPP (Printed or typed)	TREQUIRED	
-	19477 NE	10 th f VE Address	APT 416	
-	NORTH MIAM	I BEACH , FL y, State & Zip	33179	
(305) 788 - 4804 Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2004

ANDREA KNORPP 19477 NE 10TH AVE NORTH MIAMI BEACH, FL 33179

SUBJECT: SPLASH ENTERTAINMENT INC.

Ref. Number: W04000017604

We have received your document for SPLASH ENTERTAINMENT INC. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

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) 245-6962.

Letter Number: 004A00031072

Valerie Ingram Document Specialist New Filings Section

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

* ¹ •	
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: 5 PL AS H WORKS	OI, MAY 20 PM 1: 29
The name of the corporation shall be: 5 PL H3 H WUKKS	Supply the state of the state o
ENTERTAINMENT INC.	Land Control of the Control
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
P.O. BOX 304	
850 IVES DAIRY T-57 N MAINI BEACH, FL 33179	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ENTERTAIN MENT / PROMOTIONS	
ARTICLE IV SHARES	
The number of shares of stock is:	
ONE Thousand	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
ANDREA KNORPP DT	RECTOR
POBOX 304	KECLOK
850 IVES DAIRY T-57	
N. MIANI BEACH, FL 33179	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
ANDREA KNORPP 19477 NE10 & AVE APT416	
19477 NEIO HUE PATIO	
NORTH MEANS BEACH, FL 33179	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: $8.0 Bo \times 30 $	
850 IUES DAIRY T-57	
N. MAIMI BEACH, FL, 33179	
1V. 1 111-11-1 VERCH / 1 - / / / / / / / / / / / / / / / / /	********
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
0.1.0/	0.00 00 2004
Signature/Registered Agent	P PRIL 28 2004 Date

APRIL 28 2004 Date