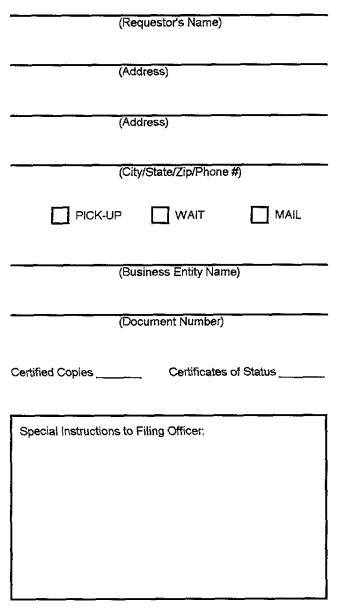
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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT:	Droper Studios		UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 PPY REQUIRED
FROM:	James Draper P.O Box 408	e (Printed or typed)	
	Jacksonville, Fl.	Address 3220 o State & Zip Telephone number	

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

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

ARTICLE I NAME

The name of the corporation shall be:

Draper Studios, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE	77	PRINCIPAL	E. O	FFICE
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The principal place of business/mailing address is:

10 Box 40865 acksonville, Fl. 32206

The purpose for which the corporation is organized is:

lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 shaves

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James R. Draper (President) P.O Box 40865, backsonville, F1, 32206

Elizabeth Yates (C.S)

1830 N. Main St. Jacksonville, 97 32206 RTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elizabeth Yates

1830 N Main St, Jacksonville, Fl, 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beth's Bookkeeping

1830 H. Hain St. Sacksonville, Fl, 32206

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