| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| ,,                                      |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (Gity/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| OSTATIONES OF STATE                     |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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## TRANSMITTAL LETTER

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

| SUBJECT: $\sqrt{0}$  | LAIOW WHAT                                 | TO 10, -   | INC.  |  |
|--|--|--|---|--|
| /  | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCE</u>                           | UDE SUFFIX)   |  |
| Enclosed are an orig   | inal and one ( i ) copy of the arti        | cles of incorporation and                            | i 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: LUIS CARLOS VELEZ  Name (Printed or typed)                               |  |  |   |  |
| 1950 N.E.1815 SIREET  Address  NORTH MIAMI BEACH, FL. 33162  City, State & Zip |  |  |   |  |
| 786-346-259/ Daytime Telephone number  |  |  |   |  |

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

| •   | STORES FILEU                                 |
|---|--|
| ARTICLES OF INCORPORATION   | SECRETARY OF STATE DIVISION OF COMPORATION:  |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  | 05 OCT -6 PM 4: 08                           |
| ARTICLE I NAME  | 9 111 4: 08                                  |
| The name of the corporation shall be:   |  |
| YOU KNOW WHAT TO DO, INC.   |  |
| ARTICLE II PRINCIPAL OFFICE   |  |
| The principal place of business/mailing address is:   |  |
| 1950 N.E. 1815 STREET   |  |
| WORTH MIRMI BEA, FL. 33162<br>ARTICLE III PURPOSE   |  |
| The purpose for which the corporation is organized is:  |  |
| MEDIA PRODUCTION  |  |
| ARTICLE IV SHARES   |  |
| The number of shares of stock is:   |  |
| 100 070   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS   |  |
| List name(s), address(es) and specific title(s):  | ALFONSO SANCHE                               |
| List name(s), address(es) and specific title(s):  LUIS CARLOS VELEZ, PRESIDENT  1950 N.E. 1815 SV.  No Mrami BCH, FL. 33162  ARTICLE VI REGISTERED AGENT  NO. | VICE PRESIDENT                               |
| 1950 N.E. 1815 SV.<br>No Mrami Bet, FL. 33167   | 950 NE18155                                  |
| No Mrami Bet, FL. 33167 /No.  | Minmi Be H, FL. 33162                        |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the register  | terred agent is:                             |
| ALFONSO SANCHEZ   | torou agont is.                              |
| 1950 N.E. 1815 ST.<br>No MIAMI BCH, PC 33162  |  |
|   |  |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  |  |
| LUIS CARLOS VELEZ   |  |
| 1950 H. E. 18187. ST.   |  |
| No MIAMIBCH, F1 33/62   | يد رو دو |
| Having been named as registered agent to accept service of process for the above stated corp  | oration 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                             |
| -16080 (MOHEZ)  | 06-29-05                                     |
| Signature/Registered Agent  | Date<br>06-29-05                             |
| Lus Calos Vilez   | 10-29-05                                     |

Signature/Incorporator

Date