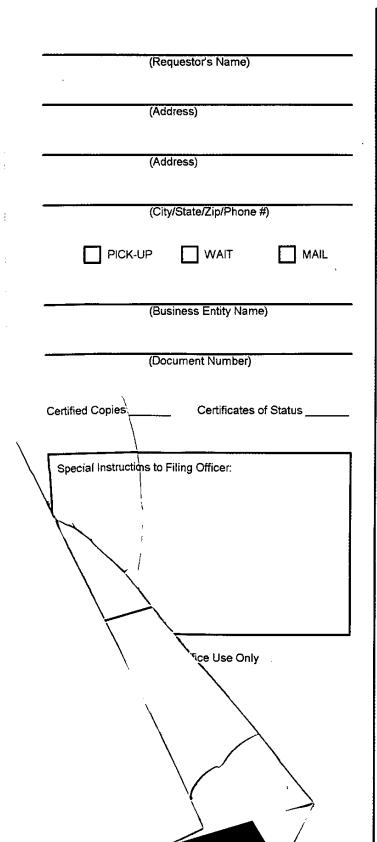
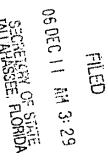
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COVER LETTER

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

SUBJECT:	Studio Smithy, Inc		
Enclosed are an orig	(PROPOSED CORPORA)		
\$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:	Sipes & Associates, CPAs Name (Printed or typed)		
-	166-B West University Parkway		
	Address Jackson, TN 38305 City, State & Zip		
	(731) 664-7777		
	Daytime Telephone number		

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

06 DEC 11 AM 3: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Studio Smithy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3401 Shallot Dr. Unit 106 Orlando, FL 32835-2342

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Film Production

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Smith Sipes - 3401 Shallot Dr. Unit 106 Orlando, FL 32835-2342

ARTICLE VI REGISTERED AGENT

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

William Smith Sipes - 3401 Shallot Dr. Unit 106 Orlando, FL 32835-2342

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sipes & Associates, CPAs - 166-B West University Parkway Jackson, TN 38305

**************	************
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	
_ Willing Sign	12/1/06
Signature/Registered Agent	Date
Day leaten	12-1-06
Sighature/Incorporator	Date