

PO7000016006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

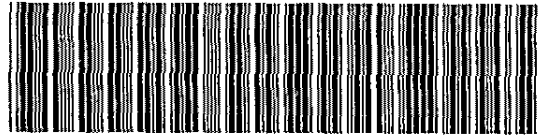
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB -6 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: STUDIO I, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

~~\$87.50~~
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PATRICIA GETKER
Name (Printed or typed)

1920 NORTH MIAMI AVE
Address

MIAMI, FL 33138
City, State & Zip

305-438-9766
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2007

PATRICIA GETKER
1920 NORTH MIAMI AVE
MIAMI, FL 33138

SUBJECT: STUDIO I, INC.
Ref. Number: W07000002202

We have received your document for STUDIO I, 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 107A00003247

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:

~~STUDIO EYE, INC.~~ STUDIO EYE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1920 NORTH MIAMI AVENUE
MIAMI, FL ~~33136~~ 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ADVERTISING & PRODUCTION

ARTICLE IV SHARES

The number of shares of stock is: 99

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IVO RAZA, PRESIDENT
MICHAEL SAVITZ, VICE PRESIDENT
PATRICIA GETKER, TREASURER

ARTICLE VI REGISTERED AGENT

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

PATRICIA GETKER
1920 N. MIAMI AVENUE
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL SAVITZ
1920 N. MIAMI AVENUE
MIAMI, FL 33136

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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



Signature/Registered Agent

1/10/07

Date



Signature/Incorporator

1/10/07

Date