Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000069634 3)))



H070000898343ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (800)494-3124

Phone : (800)494-3124 Fax Number : (305)675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

LMA Studio Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

07 MAR 16 ANIU: 28

APPROVED AND

Electronic Filing Menu

Corporate Filing Menu

Help

H07000069634 3

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: LMA Studio Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

15902 Sorawater Dr.

Lithia FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

President:

Leah M. Almelda 15902 Sorawater Dr. Lithia FL 33547

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Leah M. Almeida 15902 Sorawater Dr. Lithia FL 33547 SECRETARY OF STATE TALLAHASSEE, FLORIDA

07 MAR 16 AH 10: 28



H07000069634 3

PAGE 2 LMA Studio Inc.

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Leah M. Almeida 15902 Sorawater Dr. Lithia FL 33547

Having been named as registered agent to accept service of process for the above 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.

Leah M. Almelda / Registered Agent

Date Date

SECRETALY UP ST

16 AH IO: 28

Date

H07000069634 3