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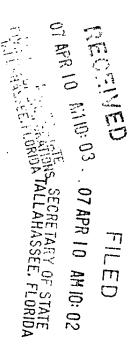
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SECRETARY OF STATE

CORPORATION(S) NAME

Addre

City

Verifier

Acknowledgment

W.P. Varifier

Profit			
NonProfit	() Amendment	() Merger
Foreign	(Dissolution	() Mark
Limited Partnership	() Annual Report	() Other
Reinstatement) Reservation	() Change of Registered Agent
Certified Copy	() Photo Copies	() Certificate Under Seal
Call When Ready	() Call If Problem	() After 4:30
Walk in	() Will Walt	Pick U	p () Mail Out
		9	



ARTICLES OF INCORPORATION

of

Sand L F	roduction	Inc.		·
	(name of co	orporation)		
The undersigned subscriber(s) to the corporation under the laws of the S	-	ion, natural perso	on(s) competent to	contract, hereby form a
The name of the corporation is:	ARTICLE I - COI		E	
Sand L Y	coduction I	<u>nc.</u>		
	ARTICLE II	- DURATION		O7 APR I SECRET
This corporation shall exist perpet	ually unless dissolved acco	rding to Florida	law.	
		- PURPOSE		AH IO: 02 Y OF STATE EE, FLORIDA
The corporation is organized for the United States and the State of Flor		my activities or t	ousiness permitted	under the laws of the
	ARTICLE IV- C	APITAL STOCK		
The corporation is authorized to is Dollar(s) (\$ _O.OO) pa	ssue fam huntred er value Common Stock, wh	shares (40 phich shall be desi	o) of <u>N</u> ignated "Common	Shares".
AR	TICLE V - INITIAL REGIS	TERED OFFICE	E AND AGENT	
The street address of the Initial Re	gistered Agent office and t	he name of the I	nitial Registered A	Agent at that office is:
NAME Jonathan	Rubinson			
ADDRESS 1990 NWI	4C+ Apt 5.			
CITY Mon,	•	FLORIDA	FI	_{ZIP} 3313(
The principal office, if known, or	the mailing address of the	corporation is:		
NAME Jonathon &	Cobinson			
ADDRESS 1990 NW	4CF Apts			
CITY Mam		FLORIDA	Fl	zip 33/3/

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have	y the By-Laws, but shall never be less than one (1 e as follows:	
NAME Jonathan Robi	inson	
ADDRESS 1990 NW 4C+ A	rpt.5	
CITY MONI	STATE F	ZIP 33136
NAME		
ADDRESS		
СІТУ	STATE	ZIP
NAME		
ADDRESS	·	
СІТҮ	STATE	ZIP
	ssigning these Articles of Incorporation are as for STATE STATE	zip 33130
NAME		<u> </u>
ADDRESS		
CITY	STATE	ZJP
IN WITNESS WHEREOF, the undersigned day of	subscriber(s) have executed these Articles of Inco	(Seal) (Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

S and L	Production	/rc.
	(name of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:	70
The above corporation, desiring to organize under the laws of the State of Florida with	07 APR
its registered office as indicated in the Articles of Incorporation	10
at 1990 NW 4Ct Ad. 5	AH
Miam F1 33134	lp: 02
has named Jonathan Robinson	
located at the aforesaid address, as its Registered Agent to accept service of process w	ithin
this state	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)