

Florida Department of State

Division of Corporations

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Division of Corporations

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ACCOUNT NAME : LAWARUS CORPORATE FILING SERVICE, INC.

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FLORIDA PROFIT/NON PROFIT CORPORATION

NEVER ALONE PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	1
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FROM : LAZARUS

FAX NO. :3052201440

SECRETARY OF STATE
OLVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Never Alone Productions, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2520 SW. 22 Street. Suite #133, Goval Gables, F1. 33/45

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 ..

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

Simon Angelini 2520 S.W. 22 street Suite #133 Covolgables. Fl. 33145-H.07000302105 FROM : LAZARUS

FAX NO. :3052201440

Dec. 18 2007; 06:17PM P3
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE V - INCORPORATOR

The name and stre	eet address of	the incorporator to th	ese Articles of
Incorporation is:	Simon	AngeLini	2

MARIA GAbriela Vidal

2520 SW. 22 Street. Suite H133. Con 19 abls. F1. 331 45

The undersigned incorporator has executed these Articles of Incorporation this 18 day of December 2007

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Simon Angelini - Ceo Maragabrieta Vidal - VP Indira Leon - T

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as Registered Agent.

Redspared Agent Signatur

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