

| i | | | |
|---|--|--|--|
| (Requestor's Name) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| · | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| C RICK HD C WAIT C MAIL | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| Certifical coopies | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |





01/07/08--01016--002





COVER LETTER

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

| SUBJECT: GOLD BONE PRODUCTIONS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|--|-------------------------------------|--|-------------------------|--|
| | (PROPOSED CORPORA | TÉ NAME – <u>MÚST INCL</u> | UDE SUFFIX) | |
| Enclosed are an ori | ginal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| 与\$70.00 Filing Fee | | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status | |
| FROM: | BARBARA FOLDIN | 1 A N (Printed or typed) | | |
| | 2979 BRAVUKA | LAICE DI | 2 | |
| | SARASOTA, FR. | 3 4/2 4/0 State & Zip | | |
| | 941-342-810 Daytime Te | elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

GOLDBONE PRODUCTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2979 BRAVURA ZAKE DR SARASOTA, FC. 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MOVIE (FILM) PRODUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BARBARA GOLDMAN, PRESIDENT 2979 BRAVURA LAKE DR SARASOTA, FR 34240

TERRY RHODES, VICE PRESIDENT 168 TALL TREES CT SARASOTA, FL 34232



'n

| ARTICLE VI | REGISTERED AGENT | |
|----------------------|--|--|
| The name and Flor | ida street address (P.O. Box NOT acceptable) o | f the registered agent is: |
| BARBARA | 60LD MAN | |
| 2979 BRAL | WRAZAKE PR | |
| SARASETA, | R 34240 | |
| | INCORPORATOR | |
| The name and add | <u>ress</u> of the Incorporator is: | |
| BARBAKA | BOLOMAN | |
| 2979 BRA | VURA LAKE DR | |
| SARASOTA | Fl 34140 | |
| Having hoon named as | registered agent to accept service of process for the abov | e stated cornoration at the place designated in this |
| | with and accept the appointment as registered agent and | |
| XXA | hara Carlon. | 1/4/08 |
| Signature | /Registered Agent | Date |
| Siamatura. | /Image management | Data |
| Signature | /Incorporator | Date |

