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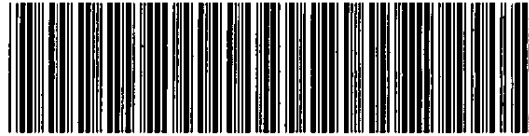
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/08--01044--002 **78.75

FILED
08 SEP 12 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMINGWAY PODUCTIONS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LLOYD HONICKMAN CPA

Name (Printed or typed)

401 N.E. MIZNER BLVD. APT.T-506

Address

BOCA RATON,FL. 33432

City, State & Zip

561-393-6896

Daytime Telephone number

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

FILED
08 SEP 12 PM 9:16
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:

AMINGWAY PRODUCTIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

WEST BURY J SUITE 163 DEERFIELD BEACH, FL 33442 MAILING ADDRESS PO BOX 4301 DEERFIELD BEACH ,FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED TO TRANSACT ANY LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT

ARTICLE IV SHARES

The number of shares of stock is:

THE CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARI MATAN PO BOX4301 DEERFIELD BEACH , FL. 33442 IS PRESIDENT

ARTICLE VI REGISTERED AGENT

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

LLOYD HONICKMAN CPA 401 N.E. MIZNER BLVD. APT. T506 BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LLOYD HONICKMAN CPA 401 N.E. MIZNER BLVD. APT. T506 BOCA RATON, FL 33432

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

Lloyd Honickman CPA

Signature/Registered Agent

Lloyd Honickman CPA

Signature/Incorporator

9/9/08

Date

9/9/08

Date