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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| | | | |
| Office Use Only | | | |



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SEGNE HARY OF STATE TALLAHASSEE, FLORIDA

T. Buren OCT 28

COVER LETTER

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

| SUBJECT: Brilliant Productions, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|--|------------------------------------|----------------------------|------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| | · | | | |
| | | | • | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| \$70.00 | \$78.75 | □ \$78.75 | \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| | & Certificate of Status | & Certified Copy | _ | |
| | | · · · | & Certificate of | |
| | | , | Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| | | | | |
| FROM: Tamara E. Barbet Name (Printed or typed) | | | | |
| realine (1 fillied of typed) | | | | |
| 7835 Niagara Ave | | | | |
| J Address | | | | |
| Tanga 71 33417 City. State & Zip | | | | |
| City, State & Zip | | | | |
| | 512 - 57 | 11 - 1944 | | |
| 5/3 - 87/ - 0944 Daytime Telephone number | | | | |

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

| ARTICLE I NAME | 1 27 388 |
|---|---------------------------|
| The name of the corporation shall be: | |
| Brilliant Productions, Inc | PN 4: 30 FSTATE , FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | 30 E DA |
| The principal street address and mailing address, if different is: | |
| 7835 Niagan Ave Tarypa 71 33417 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| Technology | |
| ARTICLE IV SHARES | • |
| The number of shares of stock is: | |
| 1000 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | · |
| List name(s), address(es) and specific title(s): | , |
| Taman E Barbet - Owner - 7835 Magan | Ave Tampa 71 334 |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered as | gent is: |
| Taman Bowhet - 7835 Mayorn Ave Tampo | a 71 33417 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| | |
| Taman Barbet - 7835 Mayan Ave Tamp | na 7/ 33417 |
| *********** | ******* |
| Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this c | |
| Signature/Registered Agent | 16/24/68 Date |
| Λ - | Date |
| Signature/Incorporator | 10/24/08 |
| Signature/incorporator | Date ' |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)