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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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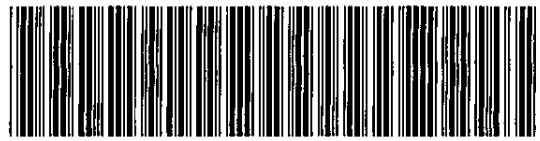
(Business Entity Name)

(Document Number)

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**COVER LETTER**

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

**SUBJECT:** ORIZE'N ENTERTAINMENT, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** SHERNA SPENCER  
Name (Printed or typed)

4500 W. OAKLAND PARK BLVD  
Address

FOR LAUDERDALE FL 33313  
City, State & Zip

954-714-8123  
Daytime Telephone 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:

ORIZE'N ENTERTAINMENT, INC

**ARTICLE II PRINCIPAL OFFICE**

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

5036 DR. PHILLIPS BLVD, STE 224, ORLANDO, FL 32819

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES UNDER THE LAW

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000(TEN THOUSAND)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ROCKCLIFFE PINNOCK  
5036 DR. PHILLIPS BLVD, STE 224  
ORLANDO, FL 32819

**ARTICLE VI REGISTERED AGENT**

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

SHERNA SPENCER  
4500 W. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33313

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROCKCLIFFE PINNOCK  
5036 DR. PHILLIPS BLVD, STE 224  
ORLANDO, FL 32819

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent *Sherna Spencer*

*Feb 27 09*  
Date

\_\_\_\_\_  
Signature/Incorporator *Rockcliffe Pinnock*

*Feb 27 09*  
Date

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE  
FLORIDA