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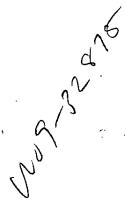
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July 17, 2009

CHANDLER M JOSIE PO BOX 944 PORT SALERNO, FL 34992

SUBJECT: SCARCE 1 ENTERTAINMENT, INC.

Ref. Number: W09000032875

We have received your document for SCARCE 1 ENTERTAINMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 809A00024639

Tim Burch Regulatory Specialist II New Filing Section

Division of Cornerations DO ROY 6327 Tollahassaa Florida 32214

COVER LETTER

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

SUBJECT:	SCARCE 1 ENTERTAINMENT, INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	.UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	✓ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:		r Mackey Josle e (Printed or typed)		
	P O Box 944 Address			
	Port Salerno, FL 34992 City, State & Zip			
	772-240-1668			
	Daytime 1	elephone number		
	cmjosie@scarce1entertainment.com			
	E-mail address: (to be used for future annual report notification)			

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

RTICLES OF INCORPORATION

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

ARTICLE I NAME

SCARCE

The name of the corporation shall be: Scarce 1 Entertainment, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7735 S.E. Hilltop Terrace Hobe Sound, FL 33455

Mail: PO Box 944 Port Solerno, FL 34992

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Entertainment and Marketing

ARTICLE IV **SHARES**

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

Chandler Mackey Josie, President, Secretary & Treasurer

7735 SE Hilltop Terrace

Hobe Sound, FL 33455

REGISTERED AGENT

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

Chandler Mackey Josie

7735 SE Hilltop Terrace

Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chandler Mackey Josie

7735 SE Hilltop Terrace

Hobe Sound, FL 33455

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

Mass	7/11/09
Signature/Registered Agent	Date
Ell less	7/11/09
Signature/Incorporator	Date