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SECRETARY OF STATE



08/05/2009 07:11

COVER LETTER

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

09 SEP 15 PM 3:41

SECRETARY OF STATE TALLAHASSEE. FLORIDA

SUBJECT: Ook Wee Elle Corporate NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFF(X)	
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:	
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Piling Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	KELUIN Davi	(Printed or typed)		
<u></u>	318 Meadow Ri	dge Dr.		
	Tallahasset J			
	\$50-212-4072 Daytime I			
	Oohwee KD E-mail address: (to be use	& Aut. Com	notification)	

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

1 Kelvin Davis do not intend on reinstating 000WEEE Entertainment, Inc. Document # P040000067136.

Lehin Davis

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09 SEP 15 PH 3: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be:	09 SEP 15 PM 3:41 SECRETARY OF STATE
Ooohweee Entertainment INC.	TA'LLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 318 Mealow Ridge Dr 741/44 455tt, H. 123/2	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Entertainment (un pany	•
ARTICLE IV SHARES The number of shares of stock is: ////	•
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
KELUIN Davis CEO 318 Meadon Rulye Dr. Tallahasset, 7! \$2312	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
Tallahasset, Ha 12312	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: 318 Mealow Kidge Or Kilvin Davis	
Tallahasset, Fh. 32312	
**************************************	***********
Having been named as registered agent to accept service of process for place designated in this certificate, I am familiar with and accept the agaree to act, in this capacity	
VI	9.16.119
Signature/Registered Agent	Date
/ ' ' Ordinamo deligiotor Odom	