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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

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

SUBJECT: HUMA!	NIFESTUDIOS, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
		e (Printed or typed)	<u></u>
38	309 S. INDIAN RIVER DRIVE	Address	
FC	ORT PIERCE, FL 34982	Addivs	
	City	, State & Zip	
77	'2-834-5414 Daytime '	Telephone number	
D.	AVIDLANGLEY01@COMCAST.NI	FΤ	
<u> </u>		ed for future annual report	notification)

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:

HUMANIFESTUDIOS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 3809 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID

3809 S. INDIAN PRESIDENT RIVER DRIVE, FORT

LANGLEY

PIERCE, FL 34982

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DAVID LANGLEY 3809 S. INDIAN RIVER DRIVE

FORT PIERCE, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **DAVID LANGLEY** 3809 S. INDIAN RIVER DRIVE

FORT PIERCE, FL 34982

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

Signature/Incorporator

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