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COVER LETTER

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

SUBJECT: TAMICE QUITAR (PROPOSED CORPORA)	no Productions, Inc TENAME-MUST INCLUDE SUFFIX
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: TANICE QUE Name	(Printed or typed)
20812 SW 13	Address C
Miami FL City,	33177 State & Zip
305 25 1 55 Daytime T	593 elephone number
E-mail address: (to be used	GMAIL.Com d for future annual report notification)

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

ARTICLES OF INCORPORATION

TRICLE II PRINCIPAL OFFICE Principal street address ACR 13 SUD 13 APL THE FUND OF ANY OF A		
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) RTICLE I NAME The name of the corporation shall be Anice Quidano Productions Inc RTICLE II PRINCIPAL OFFICE Principal Free address ACR 13 Suc 13 3 Pt WILAM FL 33 171 RTICLE III PURPOSE The purpose for which the corporation is organized is: The transportion of any or all lawful business Furch the Flure of a Corporation Survey be Incorporated Incorporated Principal States of Suck is: Address: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Name and Title: Address: Name and Title: Address: Addre		
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RTICLE VI REGISTERED AGENT Name and Title: Address: Addre	ARTICLE II PRINCIPAL OFFICE	3 <u>2</u>
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The transaction of any or all lawful business for which the corporations organized is: The transaction of any or all lawful business for which Corporations may be incorporated incorporation at the place designated in its certificate. I am familia with and accept the appointment as registered agent and agree to act in this capacity incorporation is incorporation in the facts stated herein are true. I am aware that the false information submitted in a support in this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a support in this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a support in this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a support in the capacity in the capacity in the submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a support in the capacity in the capaci	33177	· · · · · · · · · · · · · · · · · · ·
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he name and address of the Incorporator is: Name: Address: Addre		
Name: Address: Address: Address: Address: Aving been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Equired Signature/Registered Agent Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	ARTICLE VII INCORPORATOR	高品 18
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	Required Signature/Registered Agent	Date
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Required Signature/Incorporator