P11000017170

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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Office Use Only



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MB/18

COVER LETTER

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

| SUBJECT: | MOC Productions, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|--|---|---|---|--|--|
| Enclosed are an ori | (PROPOSED CORPORA ginal and one (1) copy of the arti | | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | | |
| FROM: | Catherine. | Clour o_ e (Printed or typed) | | | |
| _ | 558 W New England Ave. #250 Address | | | | |
| Winter Park, 7L 32789 City, State & Zip | | | | | |
| 407-478-170 O Daytime Telephone number | | | | | |
| eclouse @ the momnies, com E-mail address: (to be used for future annual report notification) | | | | | |

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

Feb. 15, 2011



Department of State Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL. 32301

Gentlemen:

You will find enclosed an Article of Dissolution for MOC Productions, Inc., document number P05000074746.

I am the sole owner of this corporation and do release the name to be used by my new corporation.

You will also find enclosed an Article of Incorporation for my new company named MOC Productions, Inc. I would like the effective date be Feb 11, 2011.

It my understanding this letter will expedite the release of the name, MOC Productions, Inc. If you have any questions, please contact my employee Cathy Clouse @ 407-478-1700.

Thank you in advance for your prompt attention.

with Granders

Best regards,

Jeanette C Linders

President of MOC Productions, Inc.

| 3 | <u>-</u> | / | |
|------------------|--|--|-----------------------------------|
| | ARTICLES OF INC In compliance with Chapter 607 a | CORPORATION 11 F.F. | 817 PM 1:53 |
| | in compliance with Chapter 607 a | SFO | 17 PM . |
| ARTICLE I | NAME corporation shall be: MOC Procluct | ions. Inc ALLAHA | 184 05 1:53 |
| The name of the | · · · · · · · · · · · · · · · · · · · | ~ · · · · · · · · · · · · · · · · · · · | SEFFISTATE |
| ARTICLE II | PRINCIPAL OFFICE Principal street address | Mailing address, if di | PH 1:53 SSEE FLORIDA ferent is: |
| | 558 W New England Aug 12 | EFFECTIVE DAT | |
| | Winter Pank, 76 32789 | | 411/11 |
| ARTICLE III | PURPOSE | | |
| | which the corporation is organized is: | | |
| Thea | trical Production and any | tall business related th | ereto |
| , | · | | |
| ADDICE DE ITE | CHADDO | | |
| ARTICLE IV | SHARES nares of stock is: /0,000 © 1 | | •• |
| The number of si | iales of stock is. 70,000 to | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | RS | |
| Name and | Title: Jeane He C Linders | Name and Title: | · |
| Address: | 9210 Ridge PineTrail | Address: | |
| • | Orlando 72 32819 | · | |
| | Pres + Directon | | |
| | | N 10014 | ., |
| Name and | | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| Name and | Title: | Name and Title: | |
| Address: | | | |
| | | | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | lorida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | Jeanette C Linders 9210 Ridge Pine Trail Orlando, 74 32819 | - Article VIII - Essective Date 7-6 11,2 | |
| Address: | 9210 Ridge Pine Trail | - con time Durke | , |
| | Orlando, 74 32819 | _ Estective lace | , ^ // |
| ARTICLE VII | INCORPORATOR | 7eb 11,1 | |
| | ddress of the Incorporator is: | | |
| Name: | Jamos He C. / Indone | | |
| Address: | 9210 Ridge Pino Trail. | | |
| , 1 au 000, | Jeane He C Linders 9210 Ridge Pine Trail Orlando, 76 32819 | _ | |
| | | | |
| Having been nat | med as registered agent to accept service of proc | ess for the above stated corporation at ti | ie place designated i |

this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

3/15/11 Pate