P11000021581

(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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NO COPY 3			
Office Use Only			



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Wil-low

COVER LETTER

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

SUBJECT: AKEI PRODUCTIONS	INC
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
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 & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: GWENDOLYN PIERSON	(Printed or typed)
4161 LAUREL RIDGE CI	IRCLE Address
WESTON, FLORIDA 33	State & Zip
305-747-4000 Daytime Te	elephone number
YMEGP@AOL.COM E-mail address: (to be used	for future annual report notification)

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



RECEIVED 11 MAR - I AM IO: 53

FLORIDA DEPARTMENT OF STATE LLAHASSEE. FLORIDA Division of Corporations

February 21, 2011

GWENDOLYN PIERSON 4161 LAUREL RIDGE CIRCLE WESTON, FL 33331

SUBJECT: AKEI PRODUCTIONS, INC.

Ref. Number: W11000010224

We have received your document for AKEI PRODUCTIONS, 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 111A00004367

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

ARTICLE I : A		s, Inc.	
ARTICLE II P	RINCIPAL OFFICE		
410	Principal street address 51 LAUREL RIDGE CIRCLE STON, FLORIDA 33331	Mailing ac	ddress, if different is:
	TRPOSE sh the corporation is organized is: LAWFUL BUSINESS		201 MAR -
ARTICLE IV S The number of shares			# 874E # # # # D = D
	NITIAL OFFICERS AND/OR DIRECTO		
Name and Title Address:	MIKAIELA A. PIERSON V 4161 LAUREL RIDGE CIRCLE WESTON, FLORIDA 33331	Address:	
Name and Title Address:	GWENDOLYN PIERSON P 4161 LAUREL RIDGE CIRCLE WESTON, FLORIDA 33331	Address:	
Name and Title Address:		A J J	
	egistered agent a street address (P.O. Box NOT acceptable) Gullodolyn Pleason Hill Lourel Bidge Circ		
ADDRESS IN THE VA	Managa Ban	-,-	
ARTICLE VII IN The name and addres Name: Address:	g of the Incorporator is: GWENDOL YN PIERSON 4161 LAUREL RIDGE CIRCLE WESTON, FLORIDA 33331		·
Having been named a this certificate, I am fo	registered agent to accept service of processiniliar with and accept the appointment as real Required Signature/Registered Agent	ess for the above stated corporegistered agent and agree to ac	ration at the place designated in a this capacity Date
I submit this docume	nt and affirm-that the facts stated herein a	re true. I am aware that the f	false information submitted in a
accument to the Depar	Required Signature/Incorporator	my as provided for in s.817.155	5, F.S.