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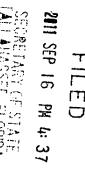
(Requestor's Name)				
·· /A.d	diana)			
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PICK-UP	WAIT	MAIL		
_	_	_		
(Business Entity Name)				
		·		
(Do	cument Number)			
Cartified Conjes	Cortificates	of Statue		
Certified Copies Certificates of Status				
Consider the state of the state of	Cities Officer	<u>-</u>		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

UBJECT: Blind Eye Studioz, Ir	nc.
(PROPOSED CORPORA nclosed are an original and one (1) copy of the art	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Demetri Skopos	e (Printed or typed)
128 Celebration Bou	levard Address
Celebration, Florida City,	34747 State & Zip
330-760-3436 Daytime T	elephone number
dskopos@yahoo.con	n d 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 The name of the c	orporation shall be: Blind Ey	e Studio	oz. Inc.
ARTICLE II	PRINCIPAL OFFICE		э ш, птог
	Principal street address	Mailing add	lress, if different is:
	128 Celebration Boulevard Celebration, Florida 34747		
•			
ARTICLE III	PURPOSE		
	which the corporation is organized is:		E SE TI
Fdu	cation.		
Lau	oation.		He I
			: : : : : : : : : : : : :
ARTICLE IV			37
The number of sha	ares of stock is: 10,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		
Name and 1 Address:	itle:Demetri Skopos 128 Celebration Bouleyard	A 3 1	
	Celebration, Florida 34747		
			
	itte: Allen Miura		
Address:	16755 Munn Road Chagrin Falls, Ohio 44023	Address:	
	Chagnir Falls, Onio 44023		
Name and T	itle:Thomas Gilmer	None and Tides	
Address:	CPO #406	A didengari	
	317 East College Avenue Greenvillle, Illinois 62246		
	Greenville, Illinois 62246		
ARTICLE VI	REGISTERED AGENT		
The <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acceptable) of Demetri Skopos	the registered agent is:	
Address:	128 Celebration Boulevard	- -	
	Celebration, Florida 34747	_	
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name: Address:	Demetri Skopos 128 Celebration Boulevard	-	
	128 Celebration Bouleyard Celebration, Florida 34747	" -	
Having heen nam	ed as registered agent to accept service of process	s for the above stated cornora	ntion at the place designated in
	m familiar with and accept the appointment as reg		
λ.	d . C/		9-13-2011
	Required Signature/Registered Agent		9-13-201/
			Date
	iment and affirm that the facts stated herein are epartment of State constitutes a third degree felony		
ACHINEM WHIED	i — []	, as provided jor in 8.017.133,	r.u.
Len	reli Foron		9-13-2011
-	Reafured Signature/Incorporator	-	Date