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(Re	questor's Name)			
(Add	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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DIVISION OF CORPURATIONS

11 NOV 30 PM 12: 38

PS 12/1/11

COVER LETTER

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

SUBJECT: The Pigeon Films (FL) Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: <u>Allen Blase</u>	ame (Printed or typed)
1950 S. Palm City F	Road, 14-106 Address
Stuart, Florida 349	194 ity, State & Zip
954-850-1793 Daytim	e Telephone number
al_blase@hotmail.c	om used 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)

SECRETARY OF STATE DIVISION OF CORPORATIONS
--

ARTICLE I	NAME	(_)	CORPORATI
The name of the o	corporation shall be: The Pigeon Film	s (FLA.) Incorporated	1 NOV 30 PM 12: 3
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if	different is:
	1034 S.W. 119# WAY		
	Davie, FL 33325		
ARTICLE III			
The purpose for	which the corporation is organized is:		
ARTICLE IV	SHARES		
The number of sh	ares of stock is: 1000 Common Shan	- \$	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	}	
Name and '	Title: Arthur Vincest Claps- Free Dir.	Name and Title:	
Address:	32-41 34 657 CET	Address:	
	Astoria, New York		
	11106		
Name and	Title: Edwin Reyes - Director	Name and Title:	
Address:	84-02 143- St. Pot 501	A .I 1	
71001000	Briarwood, Hew York	 	
	11435		
	Sec Dir.		
	Title: Heather BAFFERTY Treasurer	Name and Title:	
Address:	84-02 143th st! Apt 501	Address:	
	Briarwood, Hew York		<u> </u>
			<u> </u>
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of t	he registered agent is:	
Name:	Jacob Smitter		
Address:	630 S.W. 13823 terrace		
	Davie, FL: 33325		
ARTICLE VII	INCORPORATOR		
The name and ac	idress of the Incorporator is:		
Name:	Allon Rlace		
Address:	1950 S. Palm City Rd		
	1950 S. Palm City Rd Styart, FL 34994 (LUNH 14-106)		
	(LLN)+14-106)		on and the second
	ned as registered agent to accept service of process am familiar with and accept the appointment as regis		
	0.00		11-277-11
	Required Signature/Registered Agent		11-27-11
	 Kequired Signature/Registered Agent 		Date
submit this doc	cument and affirm that the facts stated herein are t		ormation submitted in a

Required Signature/Incorporator