

Division of Corporations

**P12000051414**

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

002775.167467

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
TEMBO PRODUCTIONS, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

12 JUN -4 PM 3:31  
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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

H12000146378 3

COVER LETTER

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

SUBJECT: Tembo Productions, Inc.  
(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  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

12 JUN -4 PM 3:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FROM: Edwin Lunsford  
Name (Printed or typed)

10250 SW Village Parkway  
Address

Port St. Lucie, Florida 34987  
City, State & Zip

772-345-8115  
Daytime Telephone number

elunsford@media.d2.com  
E-mail address (to be used for future annual report notification)

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

H12000146378 3

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

**ARTICLE I NAME** Tembo Productions, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
10250 SW Village Parkway  
Port St. Lucie, Florida 34987

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**  
The number of shares of stock is: 100,000,000 Shares of common stock, par value 0.01 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Aaron Blaise - President/Secretary</u>	Name and Title: <u>Chuck Williams - VP/Treasurer</u>
Address: <u>10250 SW Village Parkway</u>	Address: <u>10250 SW Village Parkway</u>
<u>Port St. Lucie, Florida 34987</u>	<u>Port St. Lucie, Florida 34987</u>
Name and Title: <u>Edwin Lunsford - Director</u>	Name and Title: _____
Address: <u>10250 SW Village Parkway</u>	Address: _____
<u>Port St. Lucie, Florida 34987</u>	_____
Name and Title: <u>John Textor - Director</u>	Name and Title: _____
Address: <u>10250 SW Village Parkway</u>	Address: _____
<u>Port St. Lucie, Florida 34987</u>	_____

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: NRAI Services, Inc.  
Address: 515 East Park Avenue  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Edwin Lunsford  
Address: 10250 SW Village Parkway  
Port St. Lucie, Florida 34987

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Peter F. Souza  
Assistant Secretary  
Required Signature/Registered Agent

6/4/12  
Date

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.

[Signature]  
Required Signature/Incorporator

6/4/12  
Date

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