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COVER LETTER

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

SUBJECT:	RECOMMENCE PRODUCTIONS	S INC.
	(DDODOCED CODDODATE NAME MICTING!	TIDE CHEEL

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM	DARRAN ELLIS MCSHARRY BOYER		
	Name (Printed or typed)		
	401 E. LAS OLAS BLVD. SUITE 130-395		
	Address		
	FT. LAUDERDALE, FL 33301		
	City, State & Zip		
	352-256-5074		
	Daytime Telephone number		
	DEROYE@GMAIL COM		

E-mail address: (to be 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)

ARTICLE I NAM The name of the corporate		E PRODUCTIO	NS INC.
	NCIPAL OFFICE Principal street address OLAS BLVD	Mailing add	lress, if different is:
TO SEARCH OUT TO ADVANCE THE P TO PROVIDE CHANNE SOCIETY WHILE EX	ALE, FL 33301 POSE the corporation is organized is: THE CHILDHOOD OF THOUGO THILOSOPHY OF THE POSTMODER THIS FOR RELEASE OF LIBIDINAL ENERGISTING WITHIN AND RECOGNIZING	N AS WRITTEN BY JEAN F GIES DISSIMULATED WITHIN THE VALUE OF THESE S	TRUCTURES.
TO RECOG	NIZE ITS OWN SEN	SE OF NON-EX	(ISTENCE.
ARTICLE IV SHA The number of shares of ARTICLE V INT Name and Title Address	Stock is: TIAL OFFICERS AND/OR DIRECTO DARRAN ELLIS MCSHARRY BOYER, DIRECTOR	PRS Name and Title: Address:	FILED 13 SEP +6 AM 8 SECRETARY OF STALLAHABSEE, FLO
Name and Title:			유유 2
Name and Title: Address			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	DARRAN ELLIS MCSHARRY BOYER	TAE 3
Address:	401 E. LAS OLAS BLVD. SUITE 130-395	CRECAL
	FT. LAUDERDALE, FL 33301	FIL P-6 IAR
	INCORPORATOR ddress of the Incorporator is: DARRAN ELLIS MCSHARRY BOYER	AM 8: 26 YOF STATE EE, FLOPPIN
Name:	401 E. LAS OLAS BLVD. SUITE 130-395	-
Address:	FT. LAUDERDALE, FL 33301	- -
I submit this do	am familiar with and accept the appointment as reg	8/36/13 Date true. I am aware that the false information submitted in a