P13000084626

(Requestor's Name)				
(Address)				
(Add	ress)			
(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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Office Use Only



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13 OCT 15 PH 2: 28

FILED SECRETARY OF STATE OIVISION OF CORPORATIONS

to 10/14/13

COVER LETTER

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

SUBJECT: TVE	R STUDIOS INC (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: K	AITLYN WOLK	· (Printed or typed)	
86	632 DUNMORE I		
S	ARASOTA, FL 34		
94	11-544-8045	State & Zip	
	Daytime T	elephone number	

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

kaitlynwolk@gmail.com

E-mail address: (to be used for future annual report notification)

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

FILED SECRETARY OF STATE OVERSION OF CORPORATIONS

ARTICLE I NAM	E ion shall be: KLR STUDIOS INC	O PORPORATI
ARTICLE II PRII	NCIPAL OFFICE Principal street address	13 OCT 15 PM 2: 28 Mailing address, if different is:
SARASOTA, I		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: DESIGN	NER
	stock is: 100 TIAL OFFICERS AND/OR DIRECTOR	<u></u>
Name and Title	KAITLYN WOLK - PRES	Name and Title:
Address		Address:
	SARASOTA, FL 34231	
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) KAITLYN WOLK 8632 DUNMORE DR	of the registered agent is:
ARTICLE VII	SARASOTA, FL 34231 INCORPORATOR	
The name and ad	ldress of the Incorporator is:	
Name:	KAITLYN WOLK	_
Address:	8632 DUNMORE DR	
11441-055	SARASOTA, FL 34231	-
	ned as registered agent to accept service of proc am familiar with and accept the appointment as	
muin	Required Signature/Registered Agent	10/09/2013
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.
MUM	u UM	10/09/2013
	Required Signature/Incorporator	Date
		SECRET JIVISICA (

SECRETARY OF STATE STATE OF ST