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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

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

Emad 1	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION KALA PRODUCTIONS COMP.

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$78.75	

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S. GILBERT

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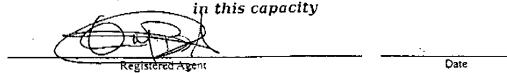
Help

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

$\cdot$
ARTICLE I NAME: The name of the corporation is:
Kala Productions Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  908 SQIZECTO ST Apt. 2  Coral Gables FL 33134
ARTICLE III SHARES: The number of shares of stock is: 100 Fig. 3
ARTICLEIV INITIAL DIRECTORS AND/OR OFFICERS:  OMOR Mauricio Borjas Aranibar  (Prosident)
CPTESTUETT
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:
omar mauricio Borias Aranibar
908 Salzedo st. Apartment 2
Coral Gables FL
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Omar Mauricio Borjas Argnibar
908 Salzedo St. Apt. 2
Coral Gables, FL 32

## Required Signatures:

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



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.

incorporator Date