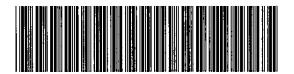
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## FLORIDA PROFIT SOCIAL PURPOSE CORPORATION COVER LETTER

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

	STG Productions, Inc.			
SUBJECT:	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d 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	
		ADDITIONAL CO		
	William	A. Salgado, Esq.		
FROM:	Name (Printed or typed)			
	710 S	W 9th Terrace		
		Address		
	Fort Laude	erdale, Florida 33315		
	City,	State & Zip		
	954	-951-0020		
	Daytime To	elephone number		
	wills0915	i@yahoo.com	•	
E-mail ac	ldress: (to be used for future annu	al report notification)	<del></del>	

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

## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the social p	surpose corporation shall be STG Proc	ductions, In	C
	<u>CIPAL OFFICE</u> Principal street address		Mailing address, if different is:
Miramar, Florida 330			
The corporation elects to The business purpose and The corporation is for that promotes the art	PURPOSE STATEMENT AND BUSINES o be a social purpose corporation in accord and public benefit(s) for which the corporation rmed for the purpose of transacting any s, including, without limitation, the ment ancers through innovative and challeng	ance with s. 607.50 on is organized are: and all lawful bu orship, encourag	siness ement and
	efit(s) to be created by the corporation (in a		·
ARTICLE IV SHAR. The number of shares of  ARTICLE V INITIA		DIRECTOR AND I	THE STAFF OF STAFF
Name and Title	William Salgado, Director/Secretary 200 SW 1st Avenue, Suite 840  Fort Lauderdale, Florida 33301	_ Name and Title: _ Address:	Lissette Lucas, Director/President  14991 SW 20th Street  Miramar, Florida 33027
Name and Title Address	David Lucas, Director/VP/Treasurer  14991 SW 20th Street  Miramar, Florida 33027		
		None and Title	

If applicable, BENEFIT DIRECTOR:		If applicable, BENEFIT OFFICER:	
Name	: <u></u>	Name:	
Addre	ess	Address:	
		<del></del>	
<u>ARTICLE VI</u>	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT accepta	ible) of the registered agent is:	
Name:	William A. Salgado, Esq		
Address:	200 SW 1st Avenue, Suite 840		15 HOV
	Fort Lauderdale, Florida 33301		CONTRACTOR OF THE PERSON OF TH
ARTICLE VII	INCORPORATOR		S T
The name and	address of the Incorporator is:		generally and the second
Name:	William A. Salgado, Esq.		
Address:	200 SW 1st Avenue, Suite 840		≯
	Fort Lauderdale, FL 33301	<del></del>	
ARTICLE VII	I ADDITIONAL QUALIFICATIONS OF BE		<i>v</i> .
2411022711	- NEDITIONAL VERBITEATIONS OF DE	AND THE DIRECTOR, IT AIR	<u>1.</u>
	M-177-		
this certificate,	named as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated col- as registered agent and agree	rporation at the place designated in to act in this capacity
	The state of the s		November 3, 2015
Required Signature/Registered Agent		nt	Date
I submit this d	locument and affirm that the facts stated herei he Department of State constitutes a third degree	in are true. I am aware that the	he false information submitted in a
	John Constitutes a titul degree	. Jewny us provided for th 2.01	
	Paguinad Signatura/II		November 3, 2015
	Required Signature/Incorporator		Date