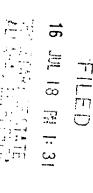
P1600058568

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(City/State/Zip/Phone #) PICK-UP , WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)		
(City/State/Zip/Phone #) PICK-UP , WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(City/State/Zip/Phone #) PICK-UP , WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		•		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City	/State/Zip/Phone	e #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		□ \A/AIT	□ MAII	
(Document Number) Certified Copies Certificates of Status	LI FICK-OF,	L WA!!	LJ WALL	
(Document Number) Certified Copies Certificates of Status				
(Document Number) Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Bus	iness Entity Nar	ne)	
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
	(Doc	ument Number)		
Special Instructions to Filing Officer:	Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				
	Special Instructions to F	iling Officer:		
		.g		
ı				

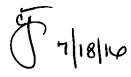
Office Use Only



000287967460



16 JUL 18 AM 11: 18



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 218402 AUTHORIZATION : COST LIMIT : ORDER DATE: July 15, 2016 ORDER TIME: 9:17 AM ORDER NO. : 218402-005 CUSTOMER NO: 7158608 DOMESTIC FILING NAME: JANDREA PRODUCTIONS, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT:	drea Productions, Inc. (PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an	original and one (1) copy of the ar			
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Jill Bauer	ne (Printed or typed)		
	1900 Purdy Avenue, #2105	A.11		
	Miami Beach, FL 33139	Address		· 16
	City 305-582-2904	, State & Zip	74 (A) 3 * 73 7 (72) 13 (5)	81 TAL
	Daytime jillbauer@att.net	Telephone number	1 (1) 197 (2) 1 (2) (3) 1 (3) (4) 1 (3) (4)	
	E-mail address: (to be use	ed for future annual report	notification)	<u>ယ</u> ု

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)

FILED

	Jandrea Productions, Inc.	16 JUL 18 PH I	· 31
The name of the corpora ARTICLE II PRING		Mailing address, if different is:	ITE HDA
1900 Purdy Avenue #2105			
Miami Beach, FL 3313	9		
ARTICLE III PURP The purpose for which corporation may be org	the corporation is organized is:	ge in any lawful act, activity, or purposes for which a	
	ES 200 no par value Stock is: AL OFFICERS AND/OR DIRECTORS		
Address	1000 Purdy Avenue	Name and Title:Address:	
Address	#2105 Miami Beach, FL 33139	Name and Title: Address: Name and Title:	

lvaine an	u tine.	Name and Title:				
Address		Address:				
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name:	Jill Bauer					
Address:	1900 Purdy Avenue, #2105					
	Miami Beach, FL 33139	•	₩ 1, 			
		-				
ARTICLE VII	<u>INCORPORATOR</u>		The state of the s			
The name and ad	Idress of the Incorporator is:		6 I			
Name:	Jill Bauer		THE E			
Address:	1900 Purdy Avenue, #2105	_	: :: :: : : : : : : : : : : : : : : :			
	Miami Beach, FL 33139		A contract sections			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: ————————————————————————————————————						
Having been nam this certificate, I a	ned as registered agent to accept service of process om familiar with and accept the appointment as reg	for the above stated corporatio istered agent and agree to act in	n at the place designated in this capacity			
By:	Required Signature/Registered Agent		7/14/16 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.						
/	Clin Same	· ·	7/14/16			
Requir	ed Signature/Incorporator	 	Date			