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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
U-SHINE ENTERTAINMENT INC.

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

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PAGE 02/03

No. 9778 P. 3/3  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (ProB)

**ARTICLE I NAME**

The name of the corporation shall be:

V-Shine Entertainment Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

47510 N.E. 8th Place

Miami, FL 33182

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any legal purpose in the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 shares no par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michel Dubuisson, Pres

Address: 17510 N.E. 8th Place

Miami, FL 33162

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michel Dubuisson  
Address: 17510 N.E. 8th Place  
Miami, FL 33162

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Michel Dubuisson  
Address: 17510 N.E. 8th Place  
Miami, FL 33162

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 20 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 in this capacity

[Signature]  
Required Signature/Registered Agent

✓ \_\_\_\_\_  
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.

[Signature]  
Required Signature/Incorporator

✓ \_\_\_\_\_  
Date

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