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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CATAHOULA PRODUCTIONS, INC.

****FILE FIRST BEFORE
MERGER FILING****

Certificate of Status	0
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M. MOON

NOV 10 2016

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CATAHOULA PRODUCTIONS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address16 ISLAND AVE #1BMIAMI BEACH, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: PUBLISHING**ARTICLE IV SHARES**The number of shares of stock is: 5000 COMMON STOCK**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WALTER WICK, DirectorAddress: 16 Island Ave. #1B
Miami Beach, FL 33139Name and Title: Linda Cheverton Wick, DirectorAddress: 16 Island Ave. #1B
Miami Beach, FL 33139Name and Title: Walter Wick, PresidentAddress: 16 Island Ave. #1BName and Title: Linda Cheverton Wick, SecretaryAddress: 16 Island Ave. #1B
Miami Beach, FL 33139Name and Title: Linda Cheverton Wick, TreasurerAddress: 16 Island Ave. #1B
Miami Beach, FL 33139

Name and Title: _____

Address: _____

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12/08/2015 04:37 7857682772

LINDA WICK

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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

Name: Linda Cheverton Wick
Address: 16 Island Ave. #1B
Miami Beach, FL 33139

ARTICLE VII INCORPORATORThe ~~name and address~~ of the Incorporator is:

Name: Walter Wick
Address: 16 Island Ave. #1B
Miami Beach, FL 33139



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 90 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

  11/7/16
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.

  11/7/16
Required Signature/Incorporator Date

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STATE
11/10/2016