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(((H180003663773)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From;

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : 120150000034 Phone : (239)344-7417 Fax Number : (888)344-7262

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

Email Address: brunotijolo@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION TBR PRODUCTIONS INC

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January 2, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TIMELINE BUSINESS CENTER LLC

SUBJECT: TER PRODUCTIONS INC

REF: W19000000140

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Per your request, we are returning your document.

If you have any further questions concerning your document, please call (850) 245-6050.

Laura A Wilson

OPS

Amendment Section

FAX Aud. #: H18000366377 Letter Number: 319A00000041

ARTICLES OF INCORPORATION

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

| <u>CLEIL PRIM</u> | VCIPAL OF FICE | |
|--|---|---|
| 27TH CT SW A | Principal <u>street</u> address PT 204 | . Mailing address, if different 4346 27TH CT SW APT 204 |
| ES, FL 34116 | | NAPLES FL 34116 |
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| | POSE | ************************************** |
| urpose for which | Any and at the corporation is organized is: | II lawful business. |
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| Name ar | nd Title: | Name and Title: |
|---|---|--|
| Addres | s | Address: |
| | | |
| | REGISTERED AGENT Ibrida street address (P.O. Box NOT acceptable) | of the resistered agent is: |
| Name | TIMELINE BUSINESS CENTER LLC | or the regimered agont 73. |
| Address: | 8981 DANIELS CENTER DR# 208 | |
| | FORT MYERS, FL 33912 | |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The name and a | ddress of the Incorporator is: | |
| Name: | ISMAEL CARDOSO | |
| Address: | 8981 DANIELS CENTER DR# 208 | |
| | FORT MYERS, Ft. 33912 | |
| Effective date, if (If an effective of filing.) | · | (OPTIONAL) not be more than five days prior or 90 days after the le statutory filing requirements, this date will not be listed as |
| | effective date on the Department of State's record | |
| | med as refistered agent to accept service of proc am familiar with und accept the appointment as | ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity |
| | $1 \wedge \lambda = 1$ | 01/02/2019 |
| | Required Signature/Registered Agent | Date |
| I submit this document to the | cument and affirm that the facts stated herein a Department of States constitutes a third degree fel | re true. I am aware that the false information submitted in cony as provided for in x817.155, F.S. |
| | | 01/02/2019 |
| Requ | ized Signature Incorporator | Date |