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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 fax Number : (214)317-4754

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

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FLORIDA PROFIT/NON PROFIT CORPORATION JEMLAN PRODUCTIONS INC

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ARTICLES OF INCORPORATION

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

	E JEMLAN PRODUCTION ration shall be:		
CLE II PRIA REDWOOD ST	CCIPAL OFFICE Principal street address REET	Mailing ad	ddress, if different is:
LYWOOD, FL	33019		
CLE III PURI	POSE the corporation is organized is:		
and all lawful bu			
			79
		•	
		·	0: 1S
CLE IV SUA	RES 1000		<u>\$</u>
umber of shares of	of stock is:	·	
<u>CLE V INITI</u>	IAL OFFICERS AND/OR DIRECTORS		
		Name and Title:	
Name and Tit	Jennifer Friedman, PRESIDENT		
Name and Tit	ie: Jennifer Friedman, PRESIDENT	Address:	
Name and Tit	Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET	Address:	
Name and Tit	Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET	Address:	
Name and Tit	LI45 REDWOOD STREET HOLLYWOOD, FL 33019	Address: Name and Title:	
Name and Tit Address	Ite: Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET HOLLYWOOD, FL 33019	Address: Name and Title:	
Name and Tit Address	Ite: Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET HOLLYWOOD, FL 33019	Address: Name and Title:	
Name and Titl Address Name and Titl Address	Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET HOLLYWOOD, FL 33019 e:	Address: Name and Title: Address:	
Name and Titl Address Name and Titl Address	de: Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET HOLLYWOOD, FL 33019 c:	Address: Name and Title: Address: Name and Title:	
Name and Titl Address Name and Titl Address	Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET HOLLYWOOD, FL 33019 e:	Address: Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	de: Jennifer Friedman, PRESIDENT 1145 REDWOOD STREET HOLLYWOOD, FL 33019 c:	Address: Name and Title: Address: Name and Title:	

To: 18506176381 From: 14694451465 Date: 02/14/19 Time: 9:24 AM Page: 03/03

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Name a	nd Title:	Name and Title:	
Addres	ss	Address:	-
			_
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptat	tal of the registered gaunt is:	
Name:	ALBERT R COHEN CPA	te) of the registered agent is.	
Address:	11420 N KENDALL DRIVE #203		
Addiess.	MIAMI, FLORIDA 33176	······································	
<u>ARTICLE VII</u>	INCORPORATOR	19 FI	
The name and s	address of the Incorporator is:		
Name:	ALBERT R COHEN CPA	FEB II	
Address:	11420 N KENDALL DRIVE #203		
	MIAMI, FLORIDA 33176	EB II, AM IO: 15	
Effective date.	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and o		6
	te inserted in this block does not meet the applie effective date on the Department of State's rec	able statutory filing requirements, this date will not be listed ords.	25
Having been no this certificate,	amed as registered agent to accept service of pa I am familiar with and accept the appointment	ocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity	d in
	auth. Colon	02/03/2019	
Required Signature/Registered Agent		Date	_
I submit this do	ocument and affirm that the facts stated herei e Department of State constitutes a third degree	s are true. I am aware that the false information submitted felony as provided for in s.817.155, F.S.	in a
	auth. Colon	02/03/2019	
Req	uired Signature/Incorporator	Date	_