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(Business Entity Name)

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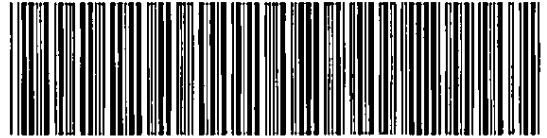
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2019 SEP 30 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LoFi Vibe Productions, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Hunter T. Smith

Name (Printed or typed)

9145 Shadowbrook Trail

Address

Orlando FL 32825

City, State & Zip

(321) 277-7126

Daytime Telephone number

lofivibe.visuals@gmail.com

E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: LoFi Vibe Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9145 Shadowbrook Trail

Orlando FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to undertake any operation an S corporation can legally embark upon
within the State of Florida, including but not limited to, producing and editing film, video, audio, multimedia, games,

simulations, and other forms of interactive media.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hunter T. Smith, President, Sec. & Treas

Name and Title: _____

Address 9145 Shadowbrook Trail

Address: _____

Orlando FL 32825

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2019 SEP 30 PM 2:06
SECRETARY OF
TALLAHASSEE, FLORIDA

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: Hunter T. Smith

Address: 9145 Shadowbrook Trail

Orlando FL 32825

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hunter T. Smith

Address: 9145 Shadowbrook Trail

Orlando FL 32825

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 02, 2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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


Required Signature/Registered Agent

09/24/2019
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.


Required Signature/Incorporator

09/24/2019
Date