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(City/State/Zip/Phone #)	01/27/2201004012 **20.00				
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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>TLE I NAME</u> ne of the corporation	shall be:Foltyn I	nc						
<u>CLE II PRINCIP</u>							_	
Pri	ncipal <u>street</u> address			Mailing	gaddress,	if differe	ent is:	
8 Alison Street			·		-			
nusville, FL 32780								
CLE III _ PURPOSE							-	
	corporation is organized	d is:video con	ent creator	<u>_</u> .				
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number of shares of stor	ck is:		ame and Title	e:				
number of shares of stor	OFFICERS AND/OR D							
Name and Title:	D <i>FFICERS AND/OR D</i> Kearsten Foltyn, DIREC	CTOR N						
Name and Title:	OFFICERS AND/OR D Kearsten Foltyn, DIREC 438 Alison Street	CTOR N						
Name and Title:	OFFICERS AND/OR D Kearsten Foltyn, DIREC 438 Alison Street	CTOR N	.ddress:			.		
Name and Title:	CK IS: <u> OFFICERS AND/OR D</u> Kearsten Foltyn, DIREC 438 Alison Street Titusville, FL 32780	CTOR N	ddress: ame and Title			.		
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Name and Title:	CK IS: <u> OFFICERS AND/OR D</u> Kearsten Foltyn, DIREC 438 Alison Street Titusville, FL 32780	CTOR N	ddress: ame and Title ddress: ame and Title	e:				

Name and Title:		Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT accepta	the) of the registered agent is:	
Name:	Kearsten Foltyn		202 SE
Address:	438 Alison St.		TALL
	Titusville, FL 32780		AN 27 P
<u>ARTICLE VII</u>	INCORPORATOR		SC I
The <u>name and a</u> d	Idress of the Incorporator is:		E, FL
Name:	STEPHAN MONEREAU		Ē
Address:	100 WALLS STREET STE 503		
	NEW YORK, NY 10005		

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 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 n

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.

RBA

Required Signature/Incorporator

1/	26	/ 20	J	2
	Date			

Date ______